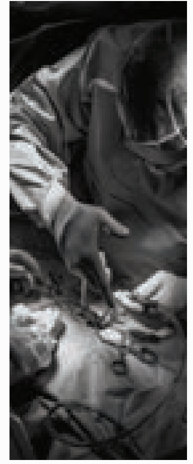
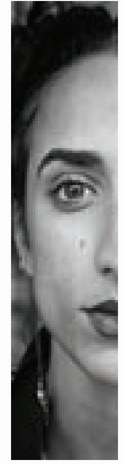
Apollo HOSPITALS

THE AGILITY REPORT-2021

ANNUAL REPORT FY 2020-21

PERFORMANCE WITH A PURPOSE



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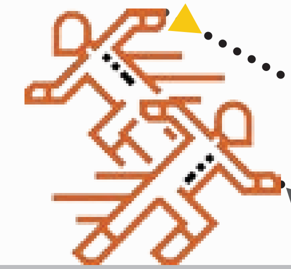
* Business Responsibility Report is a separate enclosure and forms a part of this Annual Report.

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

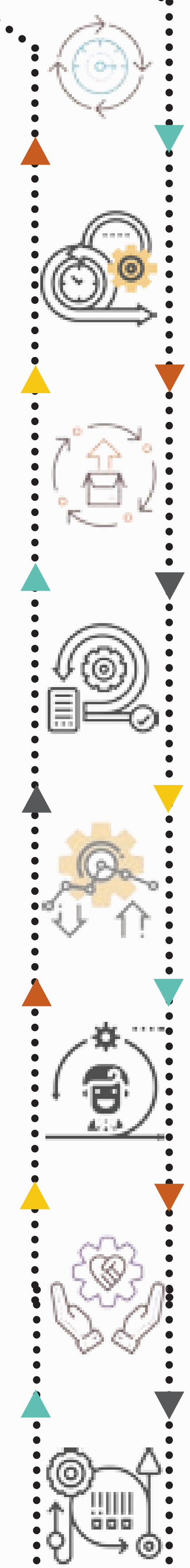


Agility within and of itself, is a strategy. It is the mint mark of the Apollo Hospitals Group. It marks an ability to adapt quickly to market changes and respond rapidly to evolving consumer needs. The organization's stable foundation and strategic Agility make it alert and nimble, enabling it to think and respond quickly, even change direction, if necessary, at high speed in a controlled manner.

The Group's Agility sets it apart in the industry allowing it to evolve people and processes in pace with accelerating and unpredictable market changes. No matter what, the consumer is at the centre of the Group's healthcare strategy and they continuously work to integrate, innovate, and deploy. The organization is Agile and can think ahead of the market, quickly mobilize itself, to adapt to market shifts, fill capability gaps, and leverage new opportunities successfully.

Within a constantly changing business environment, organizational adaptability underscored by Agility, is crucial for taking advantage of opportunities and making the most of competitive challenges. The enterprise must be able to innovate and adapt quickly. The Apollo Group's long experience in healthcare delivery has endowed them with valuable learnings in patient care and they ably and successfully apply this competency to any new situation. They skillfully boost innovation, combine processes, practices, protocols, and training, and leverage rapid advancements in technology, to respond to unexpected market demands.

Throughout the 37-year journey since inception, Apollo has seen firsthand how healthcare has been evolving. Formats of care have changed ... moving closer to the consumer with ease of access and convenience becoming increasingly important facets of the consumer journey. The two worlds - a world of physical formats with hospitals and clinics; and a second world - the world of digital healthcare, where a huge number of lives can be touched, interplay seamlessly within Apollo, enabling them to deliver care that is smarter, sharper, faster and better. Best in class Agile change managers no matter how complex and unexpected the test, who have successfully created tangible value for their stakeholders every step of the way.



AGILITY IN
HEALTHCARE DELIVERY

Delivering world-class health services for our patients has been our driving mission ever since we established our first hospital in 1983. We have over the years led the way in bringing highly skilled clinicians and state of the art technology to offer uncompromised care to our patients, and have produced best in class outcomes at scale, which match or better leading hospitals around the world. We offer the community the full spectrum of integrated healthcare services. Now, after 37 years, our zeal has only intensified.

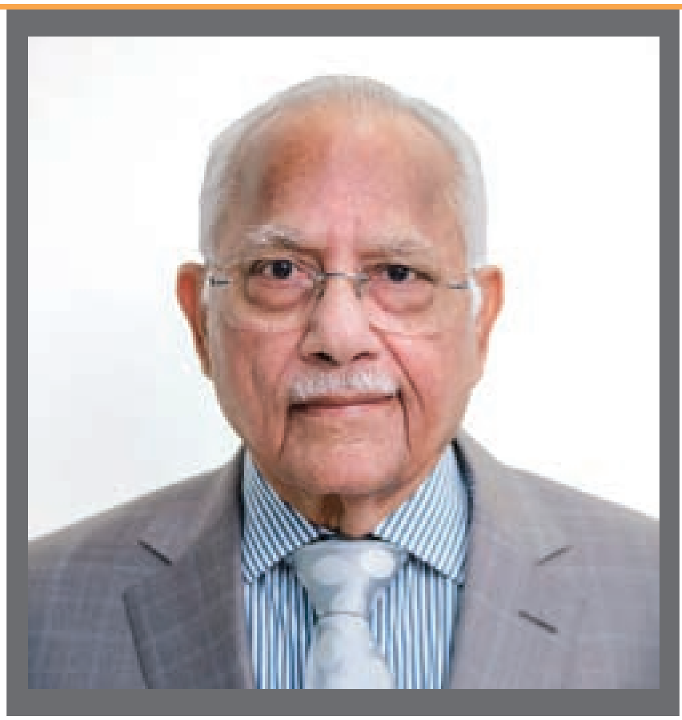
We have traversed from hospitals to pharmacies to clinics to the mobile phone to bring the full spectrum of healthcare services closer to the consumer.

Through innovation and the use of technology, we have successfully redefined our offerings to suit evolving market needs. Our journey has consistently remained service-led and grounded in patient safety, clinical excellence and Tender Loving Care. But we have become more Agile, more pluralistic and more flexible, while offering more customised care to the consumer for fulfilling their healthcare needs. Our first hospital in Chennai was our starting point after which we expanded our footprint to several hospitals across multiple cities. We then added Apollo Pharmacy to our offerings, recognising the convenience it would provide the consumer. Further along, we morphed our hospital offerings into neighbourhood clinics, bringing quality healthcare closer to consumers' homes. We then ensured continuum of care by taking it right into the consumer's home, with our Home Care offering. We have now gone a step further and have brought our services to our consumer's palms. We have harnessed the power of technology to launch Apollo 24/7, an end-to-end omni channel platform that enables users to avail Apollo's trusted services from their phones at the click of a button.

We have leveraged technology to redefine our offerings. We have traversed from hospitals to pharmacies to clinics to the mobile phone to bring healthcare closer to the consumer. We use mobiles to track health status, cloud technology for administration and management, Artificial Intelligence for diagnostics, surgical operations and more. We have embraced TeleHealth and Telemedicine; we have adopted enabled tools like Electronic Health Records, Remote Monitoring, Wearable Technology; and Genome Sequencing for predictive diagnosis & treatment.

We are at the forefront of transforming the way we are delivering healthcare everyday. We are doing it with Agility. We are empowering our consumers.

Message from the Chairman



Agility

[uh-jil-i-tee]

Dear Members,

The word **Agility** represents the power of moving quickly. It denotes nimbleness, briskness; activity; and quickness of motion. At Apollo it also means the power of innovation — The ability to transform a noun to an adverb — because that is what Apollo did!

Together with the ability to innovate, it signifies the ability to be dynamic and, importantly for healthcare, it denotes the evolution of care to support all our patients in the most challenging times we have seen in several decades. While resilience is invisible, it is inculcated in our culture, in our value system. It is the combination of resilience and agility that has resulted in the new Apollo — Healthcare delivery that goes beyond our infrastructure — scaling clinical protocols, embracing digital health, and working to protect and serve societies by sharing best practices. We have been especially agile in bringing quality Apollo care to the masses in India through Telemedicine. In doing that, we have successfully broken geographic boundaries and increased access to healthcare. No other hospital in India has the range of health services that we offer through this medium.

The last fifteen months have clearly been one of the most challenging periods in our 37-year history, a period which placed unprecedented demands on healthcare systems everywhere around the world. But it has also been an exceptional and defining period for the sector, placing it at the forefront of the national narrative. In my career as a clinician for over six decades, I have witnessed doctors battling disease, every single day, together with their patients. There have been crises, situations that caused great panic, emergencies and alongside, enormous joy, every time a medical miracle was achieved and a precious life was saved almost miraculously. The COVID-19 crisis however, is an unparalleled medical crisis of a kind that I have never witnessed before as a doctor. It is one of the toughest challenges we have faced as a country.

Project Kavach - Our Response to COVID-19

Project Kavach is our Hospitals' multipronged strategy which we used to handle the pandemic. Under this, we deployed several unique strategies, such as an AI-based Covid-19 screener, the digital 24/7 integrated App for teleconsultations which we launched at the onset of the first wave, collection of samples from home for diagnostics, at-home health monitoring services and medication delivery, a multi-stakeholder partnership to provide medical care in hotel rooms across the country, and methods to rapidly update care protocols across our entire network to help reduce speed of transmission and mortality. In the process of looking after 63,000+ patients in our hospitals with outstanding clinical work, we have not lost touch with ground reality. My deep gratitude to the doctors and nurses and the team that made this possible.

I must commend the Government of India and the different State Governments for their efforts to contain the pandemic, be it in augmenting capacity for testing or driving a mammoth vaccination programme with two Made in India vaccines — the very best example of Atmanirbar.

Kavach overcame some unique challenges through innovative new healthcare delivery approaches.

The Future of Healthcare

The future of healthcare infrastructure is going to be founded on technology. The new paradigm has to be patient-centric. The convergence of AI and Biotech together with Research and Innovation, will create personalised curated healthcare for individuals, helping them lead long, productive lives.

Public Private Partnerships in healthcare delivery need strong support. We have worked with 16 state governments and the Center during the pandemic and have strong PPP models in several states to deliver telemedicine.

Apollo 24/7 enables users from any part of the country to use trusted Apollo services from their phones, at the click of a button.

Apollo 24/7

Apollo 24/7, our digital healthcare platform, is a transformational offering. It is India's first Digital Omnichannel, which places the consumer first in its value chain of offerings. The App makes Apollo expertise available to everyone, regardless of their physical location. Secure on-line consults, consultation bookings, medicine orders from an Apollo Pharmacy close to their home for delivery at their doorstep in two hours, are some of its key features.

Non Communicable Diseases

Non Communicable Diseases — cardiac diseases, strokes, diabetes, and cancer, are a big threat to the health of our nation. It is estimated that 1 in 10 Indians suffers from an NCD and that is very worrying, especially as the prevalence is increasing amongst the 25–55 year-olds. Every 7th mortality

105,600 mio

Revenue

REVENUE MIX

50%	44%	6%
Healthcare Services	Pharmacy Distribution	AHLL

Prohealth is a unique end-to-end personalised proactive health management program. It is empowered by Artificial Intelligence and predictive algorithms.

in India is due to an NCD. India cannot afford this devastation. However, NCDs are preventable. An end-to-end approach to combat NCDs, has a prime focus on preventive healthcare. Timely detection with personalized care and risk prediction can help mitigate potential health issues at an early stage.

Apollo ProHealth is our proactive and personalized health management system which we have launched using the learnings from the roughly 22 million health checks that we have carried out in our hospitals. Using Artificial Intelligence and health analytics to predict and prevent health risks through appropriate clinical and lifestyle interventions, it keeps people out of the hospital. It offers a plan to make you healthier tomorrow, than you are today.

All our initiatives have resulted in strong financial results that I am happy to share with you. We weathered the impact on Outpatient and Surgical volumes because of the pandemic impact, which eased over the second half of the year. There was a revival in patient footfalls and Non-COVID occupancy across our network, which translated into good financial performance. Our Revenue stands at ₹ 105,600 mio. Healthcare Services has contributed 50% to our Topline, and Standalone Pharmacies, 44%. Overall, the EBITDA (Post Ind AS 116) stood at ₹ 11,374 mio. I am delighted to announce a dividend of ₹ 3.00 per share.

At Apollo, we have made agile modifications in the delivery of critical healthcare services to fulfill our mission of bringing quality healthcare to the common man — the reason we set up our first hospital 37 years ago. This is our business purpose. In the pursuit of this purpose, we have played an important role in improving health outcomes throughout the country and in building a productive workforce.

Healthcare continues to support the health of the country and its economy. With the right support it can do for India what IT did in the 90s in creating jobs, building world-class products, delivering outstanding services, and earning foreign exchange. We have the potential to become the hospital for the world.

As we break into the new digital frontiers in healthcare delivery, I would like to thank the Board members for their trust and unfailing support in our journey. I have to thank you, the shareholders for the tremendous trust you have reposed in us. Without your support we will not be able to face unexpected challenges or venture into new realms in healthcare delivery. And last, but not least, I thank my Apollo Family members who have stood with us like rocks on our journey together. Much of what we have achieved would not have been possible without their support.

The pandemic has reinforced, now more than ever, the importance of good health.

Let me remind you to take good care of yourselves. Also, get vaccinated; it is important to stay safe and healthy.

My warm personal regards to all of you,

Stay safe. Stay Healthy.

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

Business Overview

HEALTHCARE SERVICES

LARGEST HOSPITAL NETWORK IN INDIA
(Tertiary, Super Specialty & Secondary Care)

Beds		Hospitals
8816	Owned	44
542	Day Surgery CRADLE	22
851	Managed	5
10209	Total	71

Employed + Fee-for-service Doctors	12000+
Nurses	14000+
Paramedics	6000+

~50%*

~44%*

~6%*

PHARMACY PLATFORM**

LARGEST PHARMACY CHAIN IN INDIA

4118 Outlets across 20 States and 4 Union Territories

OTHER BUSINESSES

LEADING RETAIL HEALTHCARE NETWORK IN INDIA

Primary Clinics	191
Sugar Clinics	22
Dental Clinics	62
Birthing Centres (CRADLE)***	20
Spectra Facilities***	15
Diagnostic Centres	796
Dialysis Centres	69

* Percentage of consolidated revenues. Including proforma for Kolkata (50% holding ; 100% subsidiary from Q1 FY22), Delhi (22% holding) & Medics International Life Sciences Limited (50% holding; 51% Subsidiary from Q4FY21) whose Revenues are not consolidated under Ind AS due to joint control. || ** FY21 includes SAP from 1st Apr 20 – 31st Aug 20 & Pharmacy distribution from 1st Sep 20 || ***Includes BOMA

FY21 * at Apollo Hospitals**

Admissions 352,000 +	Out-Patients 4,200,000 +	Preventive Health Checks 180,000 +
Heart Surgeries 5,400 +	Neuro Surgical Discharges 23,000 +	Robotic Surgeries 750 +
Liver Transplants 140 +	Kidney Transplants 600 +	Bone Marrow Transplants 130 +
Radiotherapy Fractions 185,000 +	Chemotherapy Cycles 68,000 +	Hip & Knee Replacements 2,600 +

* Numbers impacted by COVID-19 || ** Data for Owned Hospitals only. Does not include Managed Hospitals.

Financial Snapshot

Standalone Financial Performance*

Rupees million, except for share data	FY 2021	FY 2020
Revenue from operations	91,530	97,944
Operating EBITDA - Pre Ind AS 116 * (Earnings before Interest, Tax & Depreciation)	7,988	11,894
Operating EBITDA - Post Ind AS 116 *	9,473	14,152
Operating EBIT (Earnings before Interest & Tax)	5,114	9,329
Profit Before Tax (PBT)	1,766	6,823
Profit After Tax (PAT)	1,050	4,720
Earnings per share (EPS) (₹)	7.50	33.80

Standalone Financial Position

Rupees million	FY 2021	FY 2020
Application of Funds	97,292	101,443
Fixed Assets	51,729	61,875
Goodwill	841	948
Non-Current Investments	11,346	10,488
Net Current Assets & Long term Advances	33,376	28,132
Sources of Funds	97,292	101,443
Shareholders Fund	52,016	39,884
Loan Funds & Long term Provisions/ Liabilities	42,298	58,646
Deferred Tax Liability	2,978	2,913

Consolidated Financial Performance*

Rupees million, except for share data	FY 2021	FY 2020
Revenue from operations	105,600	112,468
Operating EBITDA - Pre Ind AS 116* (Earnings before Interest, Tax & Depreciation)	9,122	12,880
Operating EBITDA - Post Ind AS 116*	11,374	15,872
Operating EBIT (Earnings before Interest & Tax)	5,643	9,675
Profit Before Tax (PBT)	2,215	6,569
Profit After Tax (PAT)	1,504	4,549
Earnings per share (EPS) (₹)	10.74	32.70

Consolidated Financial Position

Rupees million	FY 2021	FY 2020
Application of Funds	114,167	113,384
Fixed Assets	66,369	73,215
Goodwill	3,752	3,462
Non-Current Investments	3,449	3,592
Net Current Assets & Long term Advances*	40,597	33,115
Sources of Funds	114,167	113,384
Shareholders Fund	46,025	33,390
Minority Interest	1,999	1,307
Loan Funds & Long term Provisions/ Liabilities	63,538	75,745
Deferred Tax Liability	2,605	2,942

* FY 21 financial performance impacted by COVID-19. Hence not comparable with FY 20.

Value Creation

Sustained Growth

Bed Count * & Occupancy

	Bed Count*	Operating Beds (Occupancy Rate)
FY21	10,209	7,409 (55%)
FY20	10,261	7,491 (67%)
FY19	10,167	7,246 (68%)
FY18	9,844	7,111 (66%)
FY17	10,084	6,940 (64%)

Consolidated Revenue (₹ million) **

FY21	105,600
FY20	112,468
FY19	96,174
FY18	82,435
FY17	72,549

Consolidated EBITDA (₹ million) ***

FY21	11,374
FY20	15,873
FY19	10,637
FY18	7,932
FY17	7,286

Debt Equity Ratio****

FY21	0.60
FY20	1.08
FY19	1.12
FY18	1.07
FY17	0.95

Share Price (₹)

FY21	2,903
FY20	1,138
FY19	1,221
FY18	1,065
FY17	1,165

Market Cap (₹ million)

FY21	406,351
FY20	158,304
FY19	169,872
FY18	148,168
FY17	162,123

Note: Figures from FY17 onwards presented on the basis of Ind AS. * Beds includes both owned & managed hospitals. || ** FY 21 financial performance impacted by COVID-19. Hence not comparable with FY 20. *** Post Ind AS 116 EBITDA (effective 1st April 2019). **** Gross Debt before deducting Cash and Cash equivalents.

Strong Operational Performance

Discharges (in '000s)

FY21	352
FY20	478
FY19	452
FY18	428
FY17	399

Outpatient (in million)

FY21	4.2
FY20	4.3
FY19	4.1
FY18	3.5
FY17	3.5

ALOS (Days)

FY21	4.19
FY20	3.86
FY19	3.99
FY18	3.99
FY17	4.04

ARPOB (₹ per day)

FY21	40,214
FY20	37,397
FY19	34,226
FY18	31,963
FY17	31,377

Pharmacy Count

FY21	4,118
FY20	3,766
FY19	3,428
FY18	3,021
FY17	2,556

Pharmacy Revenue (₹ million)

FY21	48,760
FY20	48,206
FY19	38,860
FY18	32,689
FY17	28,745

Note: Figures from FY17 onwards presented on the basis of Ind AS. || ALOS – Average Length of Stay. ARPOB – Average Revenue per Occupied Bed. ** Post Ind AS 116 EBITDA (effective 1st April 2019). *** The pharmacy platform includes the pharmacy distribution business and pharmacy front-end stores (spun-off into Apollo Pharmacy Ltd. as of 1st Sept. 2020).

Patient Centric Hospital Network

We put the patient first in our care delivery by nurturing a transparent and sustained engagement with them to better understand their needs and preferences, and then we compassionately tailor the care to suit their requirements. A patient-centric approach establishes a partnership among practitioners and patients within the healthcare system. It empowers the patient to understand their own health and wellbeing, and the lifestyle choices they should make towards healthy living. This leads to improved care, decreased levels of illness, and faster recovery from a medical procedure. It also results in better care after discharge and a reduced chance of re-admission, and fewer hospital visits.

Our patient care is deeply anchored in data and technology. Since inception we have clearly led the way in bringing the latest medical technology to India.

We embrace the highest standards of quality practices leading to industry-best clinical excellence. We have standardized processes and protocols in our hospitals to ensure leading outcomes. This means a patient will receive the right care, at the right time regardless of which location of our hospitals he walks into. Our care delivery is founded on evidence-based guidance. Through such standardization we increase the likelihood that our patients will have a uniform experience, receive consistent clinical care and get the best outcomes within their clinical condition in any Apollo hospital. Our outcomes match or better global benchmarks consistently.

Baking excellence into the company culture at every level of the organization, we believe, is an on-going journey. Our effort to make it ubiquitous in the organization is also on-going. We believe equally strongly that the overall value of the healthcare we deliver increases significantly when we provide it in a patient centric fashion. From outcomes to experience, our aspiration is to provide care through the lens of the patient, however complicated the moving parts; because at our core we believe every patient deserves it.

Our Agile foray into digital healthcare services is spearheaded by our App. **Apollo 24/7**, an omni-channel platform that affords a patient 24-hour access to our skilled doctor fraternity and network of hospitals, across India. Other services include home delivery of medicines, doctor consult appointments and diagnostic bookings. The App. will soon facilitate condition managament, preventive health checks, continuum of care via home health & lifestyle management, and a healthcare companion.

THE PROMISE OF QUALITY HEALTHCARE

We are the largest private healthcare services provider in India with a network of 71 Hospitals and 1175 retail healthcare outlets. We have always consciously placed the patient at the center of our healthcare strategy and in doing so have gained valuable experience in patient care over the last 37 years, when we first established Apollo Hospitals in Chennai.

Owing to the COVID-19 pandemic, the last fifteen months have been one of the most challenging periods in our 37-year history, a period which placed unprecedented demands on our healthcare system. But it has also been an exceptional and defining period for us. We have emerged embracing a newer and more efficient way of providing patient care. We have become stronger in terms of our clinical acumen, workforce management and service proposition. We had to ensure seamless continuation in the delivery of essential health services during the outbreak in response to specific patient needs, covering maternity and new born, prevention and management of NCDs, treatment of chronic diseases, and emergencies on the one hand, while managing the testing and treatment of COVID-19 patients, on the other. In doing so, we established an Iron Curtain between the two and earned the trust of our patients as the safest network of hospitals providing world-class care during these trying times.

71 Hospitals*	10,209 Beds*	across the length and breadth of India

*Includes Managed Hospitals

Our Mission

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 Consumer Promise

Our patients form the fulcrum upon which we serve and fulfil our purpose. We focus on understanding their needs which is extremely important to us in defining our healthcare delivery strategy — one that will enhance their experience while pursuing the highest standards of care and safety. We ensure we achieve this on the bedrock of outstanding clinical excellence and service excellence.

JCI 8

NABH 32

We will

- **treat you with respect and dignity**
- **do whatever it takes to restore your health and wellbeing**
- **value your right to privacy and safety**
- **personalize your care according to your needs**
- **be regular and open in our communications with you**
- **care for you regardless of race, color, nationality, religion, age or gender**

CLINICAL EXCELLENCE AS THE FULCRUM

Healthcare services are changing rapidly because of fast changing market needs. For the patient, the choice of a hospital is always based on trust – trust in the community perception of the Brand, trust in the skills of the medical professionals, their experience and skills, and trust the quality of care the institution provides. To anticipate and fulfill patient needs and meet their increasing expectations, we have not only incorporated the latest and most advanced medical technology in our hospitals, but have consciously kept increasing the scope of services within each Centre Of Excellence (COE). We do not compromise on our quality standards or patient safety protocols which continue to remain our top priorities.

Our clinical care and patient safety standards, across all our hospitals, regardless of their size and location, are best in class. The Apollo Standards of Clinical Care (TASCC) was implemented across our hospitals to standardize processes and protocols for clinical excellence and improved outcomes. It encompasses six initiatives – Apollo Clinical Excellence dashboards (ACE 1 and ACE 2), Apollo Quality Program (AQP), Apollo Mortality Review (AMR), Apollo Incident Reporting System (AIRS) and Apollo Critical Policies Plans and Procedures (ACPPP).

FOCUS ON CENTRES OF EXCELLENCE

Within the COEs, we offer a wide range of subspecialty disciplines, differentiated by the calibre and experience of our doctors who can handle very complex cases. We share knowledge and adopt best practices across our network within each COE and have established well-defined guidelines and protocols in each, to deliver the best possible outcomes.

All the Clinicians in our COEs possess deep diagnostic acumen, clinical prowess, knowledge, professionalism and humanism. Our commitment to excellence is best displayed by our policies, procedures and protocols. We have multiple checks and balances to ensure clinical excellence, accountability, and superior outcomes. Our Hospitals, the first among corporate hospital groups, has been benchmarking and monitoring clinical outcomes from 2005. We offer comprehensive care to a wide patient demographic in our Centres of Excellence starting with diagnosis, for which we embrace relevant cutting-edge medical technology. Accurate and fast assessment of a patient's condition allows our doctors to offer them the best treatment options.

CARDIAC SCIENCES

Apollo Hospitals is the leading institution for cardiovascular sciences in India, attracting patients from across the globe for best in class outcomes, seamless service delivery and compassion for the patient.

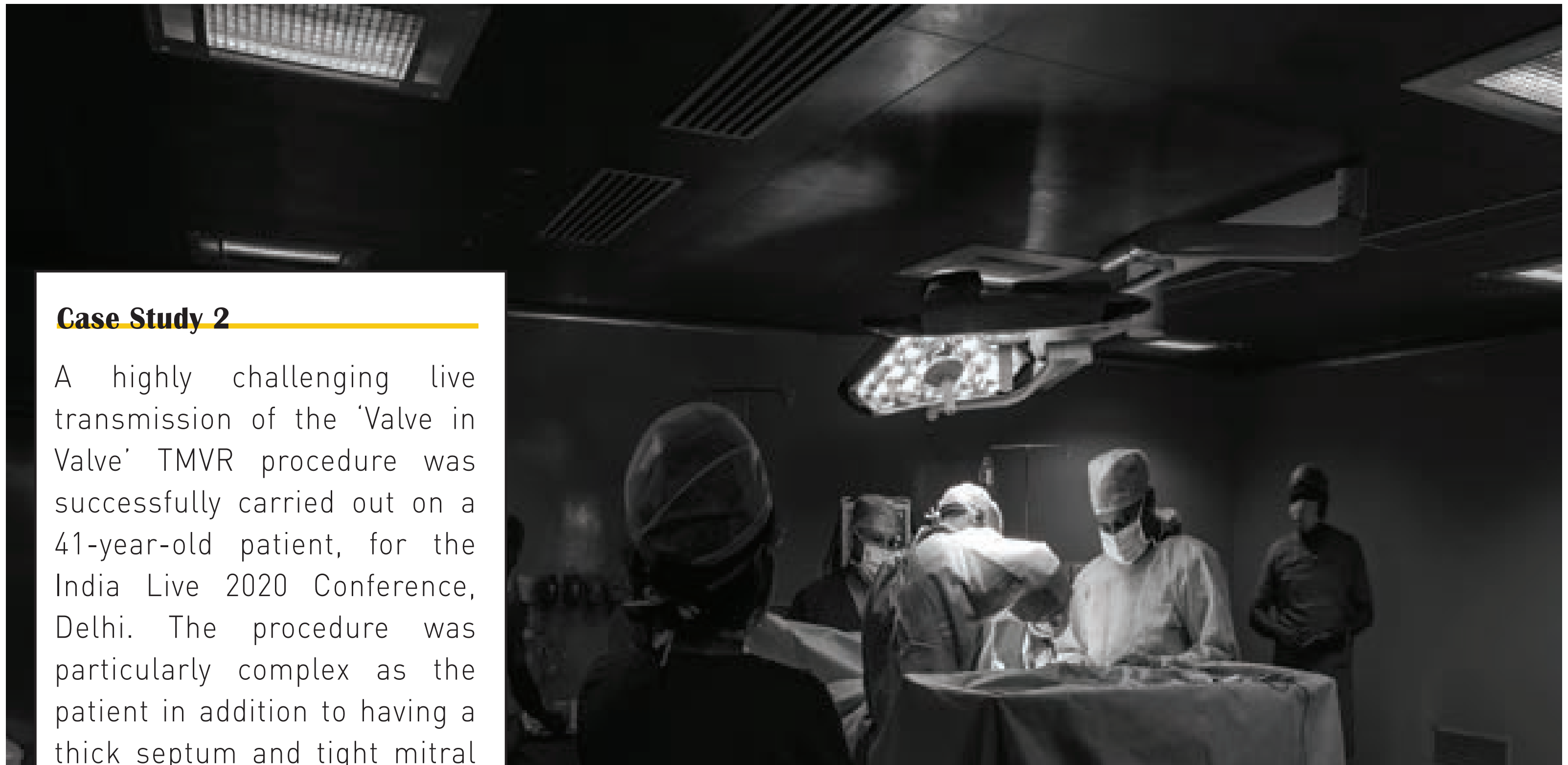
Pioneering work for prevention of cardiovascular diseases has been strengthened with risk scoring which is powered by Artificial Intelligence. This means that patients are treated much before advanced stages of disease progression.

Apollo Hospitals has third generation Cath Labs, Cardiac Critical Care Units and multi-disciplinary Intensive Care Units for supporting treatment.

Case Study 1

A 76-year-old male patient successfully underwent a Coronary Intravascular Lithotripsy (Coronary Shockwave Lithotripsy and Optical Coherence Tomography), which is an advanced imaging technique that employs sounds to disintegrate stubborn calcium deposits in the coronary artery.

The patient, had undergone a coronary bypass surgery two years earlier, had fallen ill again due to the regeneration of deposits in his heart arteries. This was the first such procedure performed in the region.



Case Study 2

A highly challenging live transmission of the 'Valve in Valve' TMVR procedure was successfully carried out on a 41-year-old patient, for the India Live 2020 Conference, Delhi. The procedure was particularly complex as the patient in addition to having a thick septum and tight mitral stenosis, had also previously undergone two failed open-heart surgeries.

Case Study 3

A unique adaption technique was carried out on a 15-year-old boy. Having lost two liters of blood at the time of the accident he was admitted to the hospital with a stab injury at the left side of his neck, an injury in the left forearm and at the nape of his neck. An angio-embolization of the vertebral artery was performed successfully.

Case Study 4

A unique hybrid cardiac procedure, a first in the country, was successfully carried out.

A 72-year-old male patient, who was admitted for exertional breathlessness and chest pain underwent a complex grouping of Total Arterial Minimally Invasive CABG, (LIMA to LAD & LIMA - Radial Y to OM) immediately followed by a Valve in Valve TAVR (Trans-catheter Aortic Valve Replacement) procedure.

Case Study 5

Apollo Hospitals became the first in the World to carry out the largest artificial pulmonary valve (32mm) implantation, without surgery. The cutting-edge procedure was performed on a 61-year-old female, diagnosed with a severe valve leak.

374
clinicians across network

5,400+
heart surgeries in FY21

Services offered at
35
units

ORTHOPAEDICS

We want to give our patients the highest quality of life possible, beyond any treatment, regardless of their age. Our skilled orthopedicians go that extra mile in both knee and hip replacement, to ensure that they are able to walk and carry on their everyday functions with ease.

We have the latest cutting-edge technology in terms of equipment, operating rooms, recovery areas and advanced physical therapy. Dedicated and well equipped orthopedic surgery complexes with laminar flow and various modern equipment like image intensifiers, operating microscopes, computer navigation systems and top of the line arthroscopy systems form an integral part of this Centre of Excellence.

Case Study 1

A 30-year-old male patient diagnosed with Golfers Elbow successfully underwent a Ulnar collateral ligament (UCL) Repair by internal brace/ ligament augmentation. This was a first of a kind surgery performed in the region.

Case Study 2

A forearm re-implantation was successfully performed on a 19-year-old farmer. His arm having been caught between crop-cutting machines, he had been admitted with complete amputation of his right forearm.

Case Study 3

A unique case of 'Total Elbow Replacement', due to a chronic neglected elbow dislocation with multiple fractures and ligament injuries, was performed successfully on a 62- year-old female patient. A diabetic, she had sustained a severe triad injury of the elbow 8 months ago and underwent the procedure after optimisation. The technique was particularly challenging as there had been no reported literature on the success of such a procedure.

Case Study 4

A 13-year-old female patient affected by adolescent idiopathic scoliosis (abnormal sideward curvature of the spine), underwent a minimally invasive double curve correction spine surgery. The procedure was successfully performed using the revolutionary non-fusion anterior scoliosis correction technique.

Case Study 5

A 7-year-old female child diagnosed with an abnormal condition of 'Discoid Lateral Meniscal Tear' on the knee, was successfully managed after undergoing an arthroscopic lateral discoid meniscus saucerization and repair through keyhole procedure.

317
clinicians across network

2,600+
Joint Replacements in FY21

Services offered at
39
units

Apollo Cancer Institutes

ONCOLOGY

Services offered at **22** units

The network of Apollo Cancer Centres is second to none in providing care and cure to a large number of Indian and international patients.

We bring together the brightest minds in surgical, medical and radiation oncology, along with a complete range of high-end ancillary experts. The cancer care system at Apollo Hospitals involves over 125 surgical and radiation oncology specialists as well as diagnostic consultants who offer comprehensive Cancer Care. The mission is to take the fight against cancer to the next frontier, by redefining clinical benchmarks and outcomes.

The latest example of our commitment to advanced medical technology is the Apollo Proton Cancer Center in Chennai, the only one of its kind in South East Asia and the Middle East. Apollo Hospitals has just launched India's first and only site-specific Robotic Oncology Program and the most advanced 4th generation "DA VINCI Surgical System Xi".

We are driving smarter, safer and more effective treatments by being at the forefront of technology, expertise and research. Clinical outcome measures which are benchmarked vs the best centres around the world, empower the teams to achieve the highest standards of success in treatment.

OUR APPROACH

CANCER MANAGEMENT TEAMS

At Apollo Cancer Centres, each of our patient care teams combine the skills and experience of several healthcare professionals, each of whom specialize in diagnosing and treating a particular type of cancer to ensure optimal cancer care.

Our oncologists deliver world-class cancer care following an organ-based practice under competent specific Cancer Management Teams. This helps us in delivering exemplary treatment to the patient in an environment which has consistently delivered an international standard of clinical outcomes.

INDIA'S FIRST JCI ACCREDITED CANCER CENTRE

The Apollo Proton Cancer Centres has a unique distinction of being India's first and only JCI accredited cancer hospital.

ROBOTIC ONCOLOGY PROGRAM

India's first and only site specific program focuses on Gastrointestinal, Urology, Head & Neck, Thoracic, Gynec and Neuro -Oncology.

APOLLO ANNUAL PROTON PRACTICUM

A Virtual learning initiative for Radiation Oncologists and Medical Physicists for the following:

◊ Physics of proton beam therapy generation and dosimetry

◊ Biology of proton effects

◊ Historical vs. Modern Pencil beam scanning proton beam therapy

◊ Concept of single field optimization, multi-field optimization and "robustness"

◊ Proton therapy advances in horizon- SPArc therapy, Enhanced Proton collimator systems, Biological (LET/RBE) optimization

Practical demonstrations conducted in the following areas:

◊ A to Z of simulation and planning for Proton beam therapy

◊ Proton dose prescription, margin recipe & robustness evaluation

◊ Proton "class solutions" for common sites

◊ Proton therapy treatment demonstration with image guidance and motion management

◊ Interactive step by step plan evaluation

◊ Patient specific quality assurance for proton beam therapy

THERANOSTICS

A novel concept in the field of Oncology wherein unsealed sources of radioactivity are combined with active pharmaceutical agents to treat cancer. Apollo Cancer Centres has initiated this program in Chennai, Bangalore, Hyderabad, Navi Mumbai, Kolkata and Delhi centres.

PRO- NEWS

Site specific updates by Cancer Management Teams on latest development in the field of Oncology with unique case studies (best practice adoption).

CLINICAL TRIALS – A STEP IN THE FUTURE OF CANCER CARE.

Clinical trial design is in recent times, emphasising the importance of identifying those patients most likely to respond to an investigative drug. It has been found that fixed design clinical trials that may have been appropriate for cytotoxic chemotherapy agents may actually be inadequate for targeted therapies within the realm of Personalised medicine.

Adaptive trial designs, which support planned adaptations increase flexibility, help optimize resources, and may require fewer participants. They support real time modifications in an on-going study. For example, it would be possible to select biomarker subgroups that identify patients more likely to respond to treatment or to dynamically adjust dose schedules or even drop doses as patients are enrolled. Adaptive trial designs offer an opportunity to gain early insight into the likelihood of later stage success.

We are proud to state that at Apollo Cancer Centres we are in various phases of numerous clinical trials.

We came together remarkably well to fight the pandemic; the time is now to fight and reduce the burden of cancer and make it curable.

Comprehensive Cancer Care

Radiation
- ◊ Proton
- ◊ Robotic Radio surgery

Medical
- ◊ Precision Oncology
- ◊ Targeted therapy
- ◊ Molecular Tumour Board

Surgical
- ◊ Minimally Invasive surgery
- ◊ Cyto-reductive surgery
- ◊ Re-constructive surgery
- ◊ Organ preservation surgery

Diagnostic
- ◊ Digital Pathology
- ◊ Molecular Diagnostics
- ◊ Digital Radiology
- ◊ Nuclear Medicine

Case Study 1

A 7-year-old male child, diagnosed with a complex case of suprasellar and intra-ventricular craniopharyngioma with hydrocephalus, was successfully managed. The child had been presented with a severe headache, vomiting, blurred vision and growth retardation. Postoperatively an endoscopic burr hole excision was carried out and the hydrocephalus was relieved. The patient was discharged 3 days later with no incidence of Diabetes Insipidus or deficits.

Case Study 2

A rare condition, 'Foramen Magnum Meningioma', was successfully managed in a 57-year-old female patient. She underwent a 'ventriculo-peritoneal shunt' followed by a 'far lateral craniotomy and total excision of lesion under the guidance of intra operative neuro-monitoring'.

Case Study 3

A 70-year-old Afghani national, underwent a highly complicated 'Retrosternal hemi thyroidectomy' surgery, wherein a 1 kg tumour from her chest was successfully removed.

Case Study 4

A complex anterior segmental mandibulectomy was successfully performed on a 61-year-old female patient suffering from facial cancer. The arduous procedure took 12-hours to complete and the technique utilized the patient's own fibula as a replacement of the bone.

Case Study 5

A first in India, a new technique - Tubeless VATS, was employed to successfully treat a 15 year-old patient from Bangladesh, diagnosed with a rare Ewing's Sarcoma of the left femur. He was recommended to undergo Tubeless VATS procedure considering previous health complications. The minimally invasive surgery removed his lung metastasis nodule, without having to insert tubes into his body cavity.

282
clinicians across network

68,000+
Chemotherapy Cycles in FY21

185,000+
Radiotherapy Fractions in FY21

130+
Bone Marrow Transplants

NEUROSCIENCES

The Apollo Institute of Neurosciences has revolutionized high-end neurological care in the country. The legacy of innovation and excellence is further augmented through the latest emergency and stroke protocols, neuro-surgery, neuro-intensive care facilities and neuro rehabilitation. The main goal is to work at the cutting edge of neuro-imaging, neuro-intensive care and medical and radiation oncology services in order to deliver outcomes that match the leading neurology institutions in the world.

We have a dedicated and highly skilled multidisciplinary neurosciences team to enhance patient care for strokes. We also offer specialized treatment for seizures, epilepsy, and movement disorders like Parkinson's disease.

We have pushed boundaries in stroke management by standardizing stroke diagnosis and empowering clinicians with AI technology to redefine stroke protocols across all hospitals. AI for stroke facilitates faster and more accurate diagnosis and treatment decisions to improve clinical outcomes for stroke patients.

Apollo Hospitals and Medtronics have partnered to build a comprehensive AI based stroke management program that has multiple patient benefits. It creates high quality, advanced images from non-contrast CT, CT angiography, CT perfusion, MRI diffusion and perfusion scans, facilitating faster critical triage or transfer decisions. The stroke team will be able to remotely access the brain scans of stroke patients with AI analysis on a mobile app or email for making faster decisions about treatment.

Case Study 1

A complex trans-oral anterior microscopic odontoid excision with a posterior decompression and fusion, was successfully performed without any complications. The patient, a 75-year-old male patient, was presented having ascending spastic quadriparesis with respiratory and bladder bowel involvement with mal-united odontoid fracture with a severe cord compression at cranio-vertebral junction. Post-operatively there was significant neurological recovery and the patient was discharged five days later.

Case Study 2

A challenging endoscopic skull base surgery was successfully completed to restore vision in a young near-blind female patient. The patient was diagnosed with 'Aggressive Angiomyxoma', an extremely rare tumor of sino-nasal cavity, which was compressing on an optic nerve orbit with an extension to the brain.

Case Study 3

A rare neurological abnormality 'Hypothalamic Glioma' was diagnosed in a 19-year-old patient presented with recurrent episodes of loss of consciousness and constipation. A microscopic excision surgery was successfully carried out to manage the condition.

Case Study 4

A complex neuro surgery was performed on a 3-day-old neonate suffering with occipital encephalocele, herniation of occipital lobe with obliteration of right transverse sinus and split cord malformation with D8/9 level bony septum between two hemi cords. The baby was successfully discharged without any postoperative neurological deficit.

231
clinicians across network

23,000+
Neuro Surgical Discharges in FY21

Services offered at
37
units

Case Study 5

A neuro-navigation guided awake craniotomy performed successfully on a 25-year-old patient who was diagnosed with a seizure secondary to a posterior frontal brain tumor.

INSTITUTES OF TRANSPLANT

TRANSPLANTS

With an unparalleled experience of performing over 19,750 Solid Organ Transplants (kidney–15,730; liver –3,675 and others organs –345), Apollo Hospitals leads as the busiest Solid Organ Transplant Program in the world since 2013.

India's first pediatric liver transplant recipient in 1998 at Indraprastha Apollo Hospitals, New Delhi is now a doctor himself as of 2020.

Apollo has demonstrated leadership in performing safe transplants during the COVID-19 pandemic when most other transplant centres in the world had either stopped or reduced transplant surgeries. Apollo Hospitals implemented safety protocols and assured safe solid organ transplantation during this time.

Case Study 1

A first deceased-donor renal transplant was successfully performed in the state of Odisha. One kidney was transplanted in a 45-year-old patient, while the other organ was sent to the State Medical.

Case Study 2

Apollo Hospitals became the first in Asia to successfully perform a combined bowel and (sentinel) abdominal wall transplant surgery. The procedure was undertaken to treat Ultra Short Bowel Syndrome on a 17-year-old male patient.

Case Study 3

A liver transplant was carried out on a 10-month-old baby from Malaysia, suffering from Biliary atresia. The baby had developed jaundice a few days after birth, which progressively led to liver failure. In addition, during the quarantine period, the baby developed a rhythm disturbance with a very slow heart rate, which necessitated implanting a temporary pacemaker. The transplant was undertaken once the baby's condition stabilized.

Case Study 4

A grueling single sitting 14-hour long living donor liver transplantation and CABG were performed successfully on a 67-year-old patient. The patient presented with having cirrhosis and liver cancer and on further evaluation for a liver transplant was additionally diagnosed with significant coronary artery disease with critical blocks.

Case Study 5

The kidneys of an 18-year-old brain dead donor were harvested to save the life of a 35-year-old female patient who was on dialysis for End Stage Renal Disease (ESRD). The complex kidney transplant procedure was performed, using Hypothermic Oxygenated Machine Perfusion (HOPE). Apollo Hospitals had procured the organ preservation device Vita Smart HOPE to India, which keeps the kidney outside the body for a longer period of time with a continuous oxygen supply.

466
clinicians across network

740+
Kidney & Liver Transplants in FY21

19,750+
transplants since inception

Services offered at
24
units

EMERGENCY

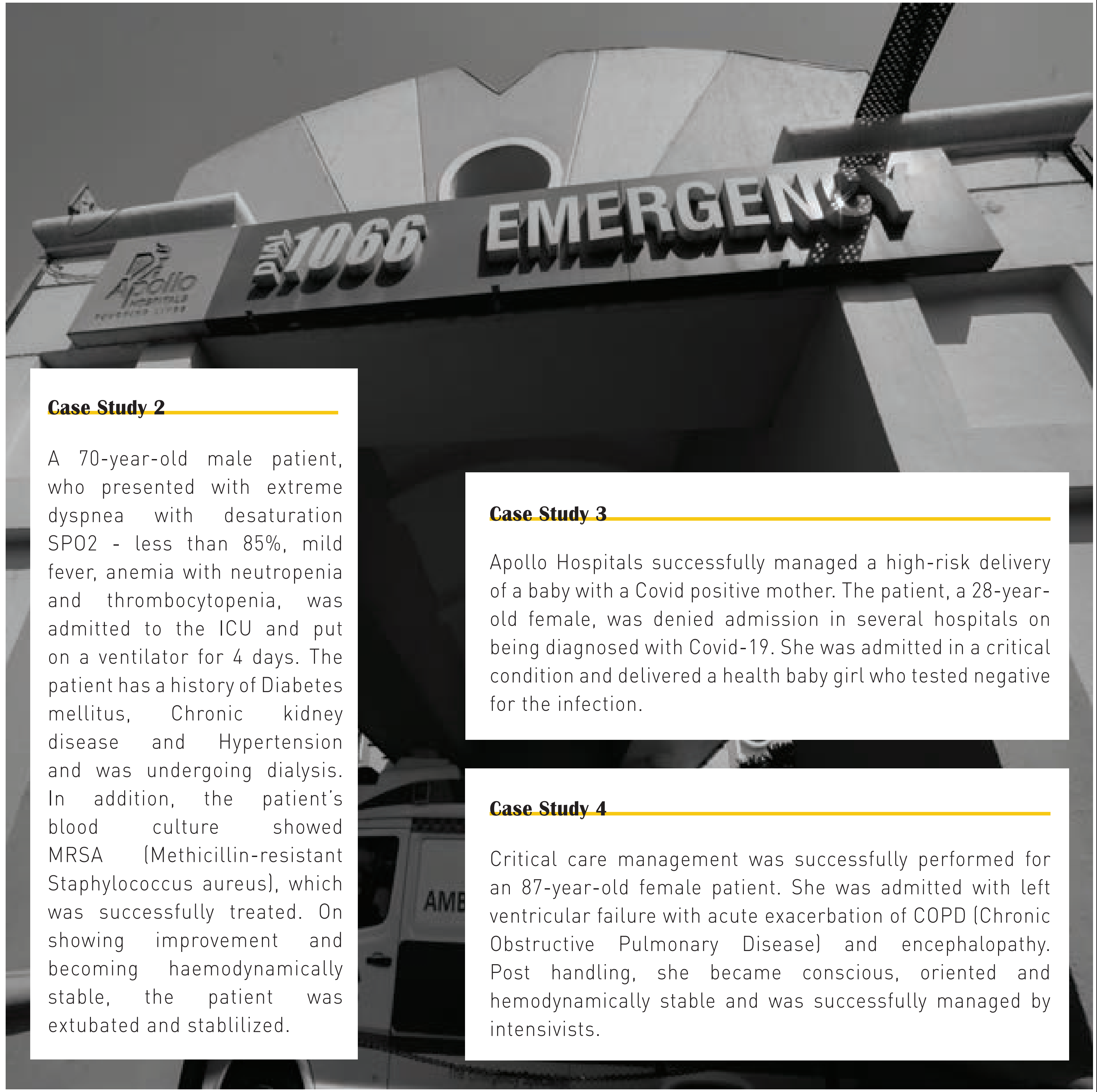
As pioneers of emergency care services in India, the emergency care system at Apollo Hospitals delivers services that extend from care at site of the incident through transport, Emergency Department care, and access to early operative and critical care when needed.

The protocols at the 24-hour emergency service and trauma care departments are designed to respond quickly and have proven outcomes that are on par with the very best emergency care departments in the world. The multi-specialty prowess is leveraged actively to deliver the crucial edge in emergency care.

Our hospitals have a fleet of air ambulances which were extensively deployed during the COVID-19 pandemic, for patients who needed ECMO.

Case Study 1

An en-bloc resection of a large ulcerated, pedunculated, jejunal leiomyoma through an endoscopic mucosal resection technique was successfully performed without any complications. The patient presented with massive GI bleeding and in hemorrhagic shock, and had a history of severe comorbidities like ischemic heart disease with cardiomyopathy, diabetes, hypertension & chronic kidney disease.



Case Study 2

A 70-year-old male patient, who presented with extreme dyspnea with desaturation SPO2 - less than 85%, mild fever, anemia with neutropenia and thrombocytopenia, was admitted to the ICU and put on a ventilator for 4 days. The patient has a history of Diabetes mellitus, Chronic kidney disease and Hypertension and was undergoing dialysis. In addition, the patient's blood culture showed MRSA (Methicillin-resistant Staphylococcus aureus), which was successfully treated. On showing improvement and becoming haemodynamically stable, the patient was extubated and stablilized.

Case Study 3

Apollo Hospitals successfully managed a high-risk delivery of a baby with a Covid positive mother. The patient, a 28-year-old female, was denied admission in several hospitals on being diagnosed with Covid-19. She was admitted in a critical condition and delivered a health baby girl who tested negative for the infection.

Case Study 4

Critical care management was successfully performed for an 87-year-old female patient. She was admitted with left ventricular failure with acute exacerbation of COPD (Chronic Obstructive Pulmonary Disease) and encephalopathy. Post handling, she became conscious, oriented and hemodynamically stable and was successfully managed by intensivists.

Services offered at 38 units

150,000+ footfalls annually

1066 Emergency Number

Case Study 5

A 24-year-old male who sustained polytrauma with Grade-III pancreatic injury, head injury with depressed skull fracture, scalp avulsion, pelvic bone injury and multiple full thickness skin lacerations over right flank and lower limbs from an accident, was successfully managed and discharged in a stable condition.

APOLLO INSTITUTE OF ROBOTIC SURGERY

ROBOTICS

750+
robotic surgeries

The Apollo Institute of Robotic Surgery is considered to be the best provider of robotic surgery in India and is committed to providing patients with exceptional clinical outcomes. The state-of-the-art operating theatres are equipped with the da Vinci® surgical system, the most advanced platform for minimally invasive surgery available today. The four-armed surgical robotic system is a breakthrough in surgical technology and is used in surgeries in the specialties of Urology, Gynaecology, Cardiac Sciences, Gastrointestinal, Bariatrics and Paediatrics. Robotic surgery is especially beneficial for the treatment of prostate, kidney and urinary bladder cancer.

We also use the Renaissance Robotic Technology, which is the only one specifically designed for spine surgery. Apollo Hospitals is the first in the Asia-Pacific region to offer this surgical guidance system, for the spine (which is minimally-invasive).

Robotic Surgery uses very small tools attached to a robotic arm which the surgeon controls using a computer to direct the movements of the robot. It can be performed through smaller cuts as compared to traditional open surgery.

Robotic or Robot-assisted surgery integrates advanced computer technology with the experience of the skilled surgeons. This technology provides the surgeon with a 10x magnified, high-definition, 3D-image of the body's intricate anatomy. The surgeon uses controls in the console to manipulate special surgical instruments that are smaller, as well as more flexible and manoeuvrable than the human hand. The robot replicates the surgeon's hand movements, while minimizing hand tremors. The surgeon thus can operate with enhanced precision, dexterity and control even during the most complex procedures.

The patient benefits of robotic surgery:

◊ Shorter hospitalization – in most cases the patient is discharged the same day

◊ Reduced pain and discomfort post surgery

◊ Faster recovery time and return to normal activities

◊ Smaller incisions, resulting in reduced risk of infection

◊ Reduced blood loss; transfusions lesser than 10%

◊ Minimal surgical scars on the body

Case Study 1

Two robotic assisted angioplasties were successfully carried out in a single day. The first was a 73-year-old male patient, diagnosed with critical two vessel disease, who underwent robotic assisted PTCA to RCA with three stents and LAD with one stent. The second was a 52-year-old male patient, with stent restenosis in LAD, who underwent robotic assisted PTCA to LAD with one stent.

Case Study 2

Robot-assisted surgery was performed to successfully to treat a 41-year-old woman suffering from a rare type of 'Schwannoma'. She was admitted with a tumour located in the neck, measuring around 3.8 cm (parapharyngeal space tumor).

Case Study 3

A robot-assisted right radical nephrectomy was successfully performed to treat a 90-year-old male patient. He presented with complaints of hematuria and a CECT KUB was suggestive of a right kidney SOL (space-occupying lesion). The procedure was a first in the region.

Case Study 4

A patient diagnosed with large obstructive sigmoid tumor, pelvic peritoneal metastasis and a large tubo-ovarian mass, was successfully managed. The patient underwent a tailored cytoreductive surgery with a minimally invasive robotic assisted by a HIPEC approach.

PREVENTIVE HEALTH

Good health constitutes the holistic wellbeing of a person — physical, mental, social and cultural. Preventive Health is the proactive management of health that helps individuals identify their health risks and take necessary action to stay on the path of wellness. Understanding personal health risks helps one to make the right lifestyle changes.

Over the past fifty years there has been an increasing prevalence of chronic conditions like cancers, cardiovascular & respiratory diseases, obesity, hypertension, diabetes and mental disorders (generally referred to as Non Communicable Diseases or NCDs). NCDs are chronic diseases of long duration with generally slow progression as a result of a combination of genetic, physiological, environmental and behavioural factors. This has increased the disease burden for individual families as well as the country as a whole. However, a major portion of this disease burden could have been prevented through a reduction in modifiable risk factors such as obesity, poor physical activity and addictions like alcohol and tobacco. By some estimates, delayed detection of an NCD can increase the financial burden of setting it right, by 6 times. It is therefore important to give more attention to preventive health practices.

WORLD ECONOMIC FORUM FORECAST (2030)

80%

deaths from NCDs

$ 47 trillion

Cost Burden – World

$ 4.6 trillion

Cost Burden – India

If diagnosed & managed early,

80%

of NCDs are preventable

The emergence of the Coronavirus in 2020 has brought the importance of prevention to center stage. It has been shown that people with cardiovascular disease, obesity and Type 2 Diabetes were at greater risk for adverse outcomes associated with COVID-19.

The required behavioral and underlying mindset shift from curative to preventive measures can be achieved by evaluating one's risk, based on an analysis of their lifestyle environment, and family history.

A clinician can review an individual's detailed medical history, complemented by current health parameters, to predict their risk for health events (e.g., heart attack, stroke, hospitalization), and construct personalized treatment protocols as well as wellness goals.

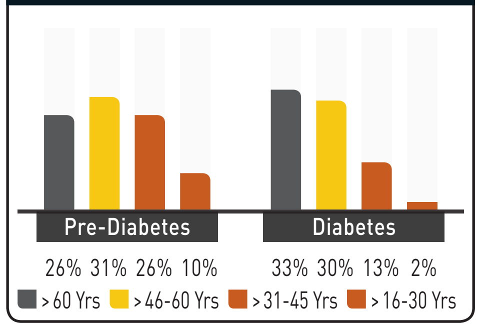
Using the learnings from over 22 million health checks conducted at our hospitals, we have leveraged digital technology to create ProHealth, our end-to-end comprehensive wellness and preventive health program that focuses on diagnosing NCDs, and, where possible, modifying the risk factors to slow down progression. A personalized risk assessment and diagnosis, complements a set of diagnostic health check investigations, followed by continuous tracking of diet, activity, and health parameters (e.g., blood pressure, blood sugar, cholesterol, sleep) through nudges via an App, messages and as needed, a health coach. The pilot has been conducted in individuals in both urban and rural settings and has demonstrated substantial reduction in risk over 12-18 months.

HEALTH OF THE NATION

ON THE OCCASION OF WORLD HEALTH DAY, OUR GROUP RELEASED A REPORT ON 'THE HEALTH OF THE NATION' THAT HIGHLIGHTS HOW THE LAST TWO DECADES HAVE SEEN A STEADY RISE IN NON-COMMUNICABLE DISEASES (NCDS). THE REPORT INDICATES ALARMING TRENDS AND AN URGENT NEED FOR THE 'SANDWICH GENERATION' TO START TAKING HEALTH MORE SERIOUSLY ESPECIALLY WITH THE LOOMING THREATS POSED BY NCDS.

57% of the **31-60-YRS** bracket prone to prediabetes and the increased likelihood of developing serious complications in the future.

Age-wise prevalence of Diabetes



Prevalence in Diabetes in the **41-60** bracket as high as the **>60** bracket.

50% Diabetics also suffer from Hypertension and Obesity.

CONSIDER THIS!

The Blood Pressure of a **45-YEAR-OLD** is as high as that of a **65-YEAR-OLD**.

NCDs like Diabetes, chronic Respiratory diseases, Cardiovascular diseases contribute to **65%** of all deaths inthe country.

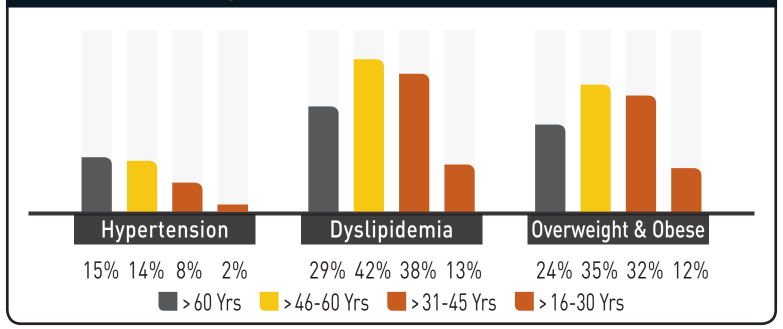
31–60 year olds at biggest risk of NCDs with high prevalence of Cholesterol, Obesity, Hypertension and Type 2 Diabetes.

Upto **4 X** Higher risk of mortality for those with COVID and NCD comorbidities

STUCK IN THE MIDDLE

Wellbeing of children, responsibility of parents, financial stress, hectic lifestyles, poor habits – the young and productive **31-60** bracket remains at higher risk for NCDs.

Age-wise risk factors of NCDs

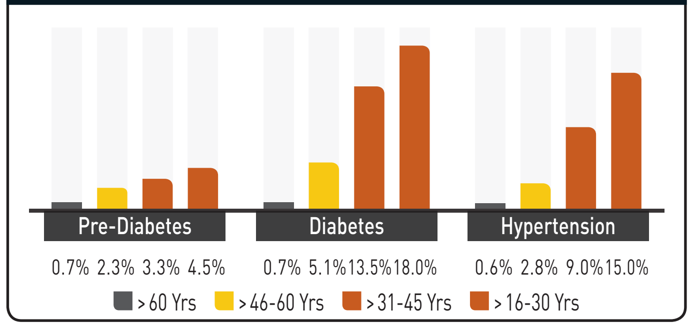


Highest incidence of Cholesterol and Obesity in the **46-60** bracket, followed closely by the **31-45** bracket.

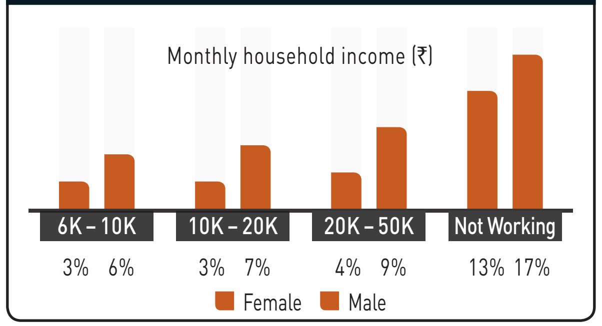
50% of those with Hypertension also suffer from Dyslipidemia and **32%** from Diabetes.

BEYOND GENDER. BEYOND INCOME. BEYOND GEOGRAPHY.

Age-wise prevalence of NCDs



Gender and Income-wise prevalence of Diabetes



Based on data from Apollo screening camps of over 3 lakh urban poor and factory workers in FY20.

Apollo ProHealth

PROHEALTH IS A UNIQUE END-TO-END PERSONALISED PROACTIVE HEALTH MANAGEMENT PROGRAM

Empowered by Artificial Intelligence and predictive algorithms, built on 22 million health checks, and led by medical experts, committed to making you healthier.

PREDICT your risk

PREVENT premature health events

OVERCOME chronic lifestyle diseases

33-60% goal achievement across multiple parameters (e.g., HbA1c, Blood Pressure, Cholesterol, physical activity) amongst ProHealth Diabetics over 12 months.

Disclaimer: Data and findings in this report are subject to their respective sample size and cohorts and is based on company's internal data. This report has been prepared for the exclusive use and benefit of the addressee(s) and solely for the purpose for which it is provided. Unless we provide express prior written consent, no part of this report should be reproduced. We do not accept any liability if this report is used for an alternative purpose from which it is intended.

BEST IN CLASS CLINICAL OUTCOMES AT SCALE

Our relentless focus on clinical excellence helps us achieve exceptional clinical outcomes in our various Centres of Excellence; ones which match or surpass international standards.

The Apollo Hospitals Group was the first corporate hospital in India to start benchmarking and monitoring clinical performance. We have been measuring outcomes from 2005. These sample outcomes show how we measure against best-in-class industry benchmarks.

	Name of Parameter	Benchmark	Reference	2019-2020
Complication rate post Coronary Intervention [after an Angioplasty procedure]	Complication rate post coronary intervention	2%	Cleveland Clinic 2013	0.20%
Average Length of Stay (ALOS) in the hospital post Angioplasty	ALOS post angioplasty	2.5 DAYS	US National Average 2011	2.69 DAYS
Average Length of Stay (ALOS) in the hospital post Total Hip Replacement surgery	ALOS post THR	4.2 DAYS	Agency for Healthcare Research & Quality US (2012)	3.98 DAYS

	Name of Parameter	Benchmark	Reference	2019-2020
Complication rate post Total Knee Replacement surgery	Complication rate TKR	0.60%	CIHI 2016	0.00%
Door to CT or MRI time in Stroke in the Emergency Room	Door to CT or MRI time in stroke in ER	45 MINUTES	Internal Apollo	32.01 MINUTES
Catheter Related Blood Stream Infection (CR-BSI)	Catheter Related Blood Stream Infection (CR-BSI)	1	National Healthcare Safety Network 2012	0.58 PER 1000 CENTRAL LINE DAYS
Ventilator Associated Pneumonia (VAP)	Ventilator Associated Pneumonia (VAP)	0.9	National Healthcare Safety Network 2012	0.73 PER 1000 VENTILATOR DAYS
Catheter Related Urinary Tract Infection (CR-UTI)	Catheter related UTI (CR-UTI)	2	National Healthcare Safety Network 2012	0.65 PER 1000 CATHETER DAYS

BREAKTHROUGH CLINICAL INNOVATION

Clinical innovation in new technologies and other clinical and translational approaches can greatly accelerate the process of transforming lab discoveries into new treatments for the patient. Emphasis on innovation can produce exponential change in important patient-care areas, including prevention. It supports more personalized care tailored specifically to patient's genetic profiles and needs. It also supports more efficient and proactive technology enabled care models.

Apollo Hospitals has been a leader in the adoption of new technology and treatment protocols. To maintain this leadership position, an all doctor team anchors a structured decision making process for the emulation of new technologies in treatment processes & procedures, involving stakeholders at all levels. Apollo Clinical Innovation Group (ACIG) has been formed to introduce best practices and the latest technologies in patient treatment modalities for implementation across the Apollo Hospitals Group.

ACIG 2020

- conducted **18** meetings
- engaged **77** consultants
- facilitated the formulation of **32** innovation proposals

An emphasis on innovation can produce exponential change in important patient-care areas, including prevention.

3D Printing

Department of Orthopedics

As a pilot, 3D printing was used for the management of 20 patients with complex orthopaedic trauma and was found to be extremely beneficial for planning of complex fractures, especially that of the acetabulum, pelvis and the other regions with intra-articular involvement. It was also helped in the correction of bone and joint deformities. 3D printing helps virtual pre-operative planning of the surgery, and in the pre-moulding of metallic implants during the surgery, helping make it an easier procedure.

3D-Printing used for the management of **20** patients with complex orthopaedic trauma

Department of Neurosurgery

Neurosurgery has some of the widest applications for 3D printing, spanning bone and soft tissue. 3D modeling helps in the precise excise of tumors, using a cutting guide. It also helps replace the same with custom 3D printed titanium implants providing patients with the best possible outcomes.

Case Study 1

A 41-year-old male patient, admitted with a traumatic brain injury as a result of an accident, had evident CSF rhinorrhea and otorrhoea from the left ear and a herniating brain tissue from the left nostril. A Craniotomy for evacuation of subdural Hematoma, intra-cerebral contusion and repairing of the skull base was undertaken. He was discharged on improvement in his sensorium.

His brain was allowed to heal for several months before the planned Cranioplasty. The best possible cosmesis without major intraoperative manipulation of the skull base repair was ensured, as the defect covered a large part of the forehead extending to the bridge of the nose and the left supraorbital ridge - all of which had cosmetic implications. Hence, a 3D-printed titanium implant was opted as it would closely replicate the shape of the patient's skull. The patient underwent Cranioplasty with the implant, after which he made a swift recovery and was discharged 3 days later.

Case Study 2

A 31-year-old female patient, experienced headache, vomiting and slurring of speech six days post her delivery. The patient had right frontal intracranial bleed for which she underwent right frontal and parietal decompression craniotomy. A right craniostomy was also successfully performed. As the patient wanted good aesthetics, a 3D mesh implant was planned for her. Post procedure patient was discharged in a hemodynamically stable condition.

Passing of frequent urination disappears in

75%-80%

of patients who undergo Prostate Artery Embolisation

Prostate Artery Embolisation for Non-Surgical Treatment of Prostate

Department of Interventional Radiology

Non-surgical treatment options are available as a permanent cure for grossly enlarged prostate with significant increase in frequency of urination at night.

Prostate Artery Embolisation is done by angiography in which a tiny catheter is introduced from femoral artery in the groin. This procedure relieves the frequency of passing urine especially at night with the symptoms disappearing in as many as 75-80% of treated patients. There is no need for surgery or a urinary catheter. The patient will be able to pass urine six hours after treatment and can be discharged the next day.

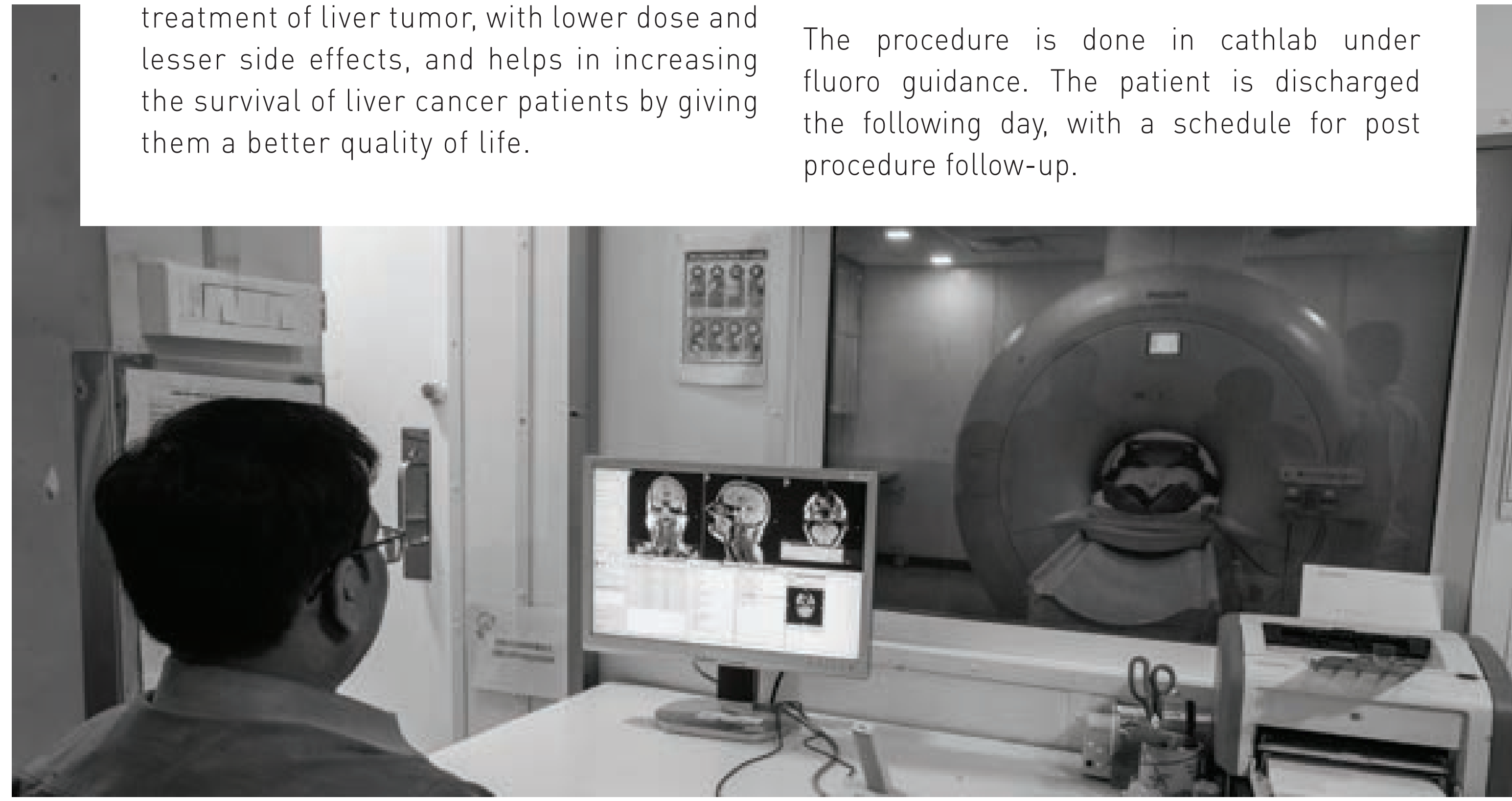
Trans Arterial Chemo Embolization (TACE)

Department of Interventional Radiology

TACE is a simple palliative procedure done for hepatocellular carcinoma, which helps in controlling the disease and also to buy time in patients waiting for transplantation. It is a localized form of chemotherapy for the treatment of liver tumor, with lower dose and lesser side effects, and helps in increasing the survival of liver cancer patients by giving them a better quality of life.

Proper imaging is essential for a successful TACE. A triphasic CT or MRI is required to study the number and size of the lesions, and imaging can determine the spread of the disease and validate the use of TACE.

The procedure is done in cathlab under fluoro guidance. The patient is discharged the following day, with a schedule for post procedure follow-up.



HIPEC: (Cytoreductive surgery with Hyperthermic Intra-Peritoneal Chemotherapy)

Department of GI surgical Oncology

Hyperthermic Intra-Peritoneal Chemotherapyis (HIPEC) is an innovative procedure used to treat cancers that have originated in or spread to the abdominal cavity, such as appendiceal cancer, pseudomyxoma peritonei, colon cancer, gastric cancer, ovarian cancer, and peritoneal mesothelioma. It is performed in the operating room once the cytoreductive surgical procedure is finalized and constitutes the most common form of administration of perioperative intraperitoneal chemotherapy.

Case Study

A 45-year-old female patient, with no comorbidities and a history of recurrent CA Ovary (diagnosed in 2009 followed by a locoregional recurrence (pelvic) in 2014, 2017 and 2018), was admitted for further management. On evaluation by a Multi-Disciplinary Team (MDT), the decision was taken to offer CRS+HIPEC in view of prolonged DFI, age and good performance status with pelvis limited recurrence.

During the operation, complete extra-peritoneal mobilisation was done with safeguarding of bilateral ureters and iliac vessels. Peritoneal sac was opened and complete partial peritonectomy performed, achieving CC-0 (R0) resection with minimal blood loss. Intraperitoneal chemotherapy was then instilled using Cisplatin heated at 43 degrees Celsius for 90 minutes. During HIPEC, particular care was taken to maintain adequate urine output and maintain euthermic. Patient tolerated procedure well and was extubated on table. Postoperative recovery was uneventful and the patient was discharged on day 6. Histopathology report revealed residual high grade serous adenocarcinoma. However, no adjuvant therapy was advised as she had received multiple lines of chemotherapy in past. The six month follow-up showed that the patient was doing well with no recurrence.

Robot Assisted Kidney Transplantation

Department of Robotic Urology

Robot Assisted Kidney Transplantation (RAKT) is a minimally invasive technique that uses robotic support to perform the kidney transplant. As a high level of expertise is required in kidney transplant and robotic surgery, RAKT is performed by transplant surgeons with deep experience in robotics and transplant surgery.

The advantages of robotic kidney transplant surgery over open kidney transplant surgery :

- The robot replicates the surgeon's hand movements, while minimizing hand tremors. The surgeon can thus operate with precision, dexterity and control in complex procedures.
- The robot is especially useful when the operative field is deep and narrow, and requires fine dissection and micro suturing.

Improved Patient Outcomes - Robotic surgery in Kidney Transplant offers many benefits like:

- Decreased chances of complications as compared to open surgery, especially in immunocompromised and end-stage renal disease patients undergoing Kidney Transplant.
- Safer and more efficacious for obese patients who are otherwise not candidates for transplants.
- Minimally invasive surgery helps in reducing-
  - Pain and Blood loss
  - Hospital days
  - Post-operative complications
  - Recovery time
  - Surgical scars

Apollo Research and Innovations (ARI)

Apollo Research and Innovations (ARI) is a division which focuses on scouting, evaluating, deploying and integrating innovations across Apollo Hospitals. The goal is to improve outcomes, affordability and accessibility for patients. Innovations span drugs, devices, healthcare software and consumer goods of clinical relevance. ARI provides an end to end platform for converging clinical insights, technology and business to drive innovation & research within the hospital's ecosystem.

Established in 2000, ARI is the single largest site solutions organization in the country. It has grown from 2 to 17 operational sites in 7 Apollo Hospitals locations. ARI started with 5 clinical trials in 2000, and today, it has gained experience in over 1200 clinical trials in six major and other therapeutic disciplines. 80% of the trials are global and multi-centric in nature. ARI is certified with AAHRPP global accreditation (gold standard for ethical conduct of research) and NABH certification.

ARI has conducted

170 CLINICAL TRIALS

23 COVID

143 NON-COVID

MEDICAL ADVANCEMENTS IN PATIENT CARE

POST-COVID RECOVERY CLINICS

The Apollo Hospitals Group has launched Post-COVID Recovery Clinics across the hospital network. The Post-COVID Recovery Clinics will address the rising number of patients who have recovered from COVID but are suffering from mid and long term persistent effects of the infection. Over 50% of COVID patients suffer from problems that include breathlessness, chest pain and heart issues, joint pains, vision problems, and memory loss months after contracting the novel coronavirus. The Post-COVID Recovery Clinics is manned by a team of specialists including Neurologists, Immunologists and Psychologists, to help patients deal with the aftermath of COVID-19 and restore them to health.

SOUTH ASIA'S ADVANCED SPINE SURGERY INSTITUTE

The ExcelsiusGPS (Robotic Navigation Platform) Spine Surgery Robot, the most advanced 3rd generation spine robot was launched in Chennai at the Apollo Institute of Spine Surgery.

The Apollo Institute of Spine Surgery offers specialized spine services and 360-degree care from the most advanced robotic system called the "Exelsius GPS Spine Surgery Robot" for complex spine surgeries. This advanced treatment reduces instances of infections, implant inaccuracies, revision surgeries, radiation exposures, and patient's length of stay at the facility.

EASTERN INDIA'S FIRST MALE INFERTILITY AND IMPOTENCE CLINIC

We launched Eastern India's First & most advanced comprehensive Male Infertility and Impotence Clinic in a hospital set-up, introducing to this part of the world, the latest treatments for erectile and ejaculatory dysfunction, including surgeries to correct penile deformities with implants.

INDIA'S FIRST ROBOT - ASSISTED CARDIAC SURGERY UNIT

We officially launched the first dedicated Robot-Assisted Cardiac Surgery Unit in India, a milestone in the history of cardiovascular surgery in the country. This unit is equipped with the advanced fourth-generation versatile 'da Vinci Xi' robotic surgical system and a dedicated team.

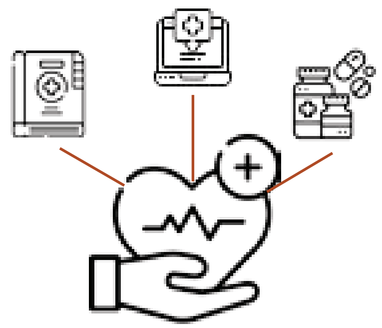
Robotic Cardiac Surgery offers greater precision through improved dexterity, tremor-free movements and superior vision. Also, provides flexibility and tremendous control to the surgeon which translates into enhanced safety and better outcomes for patients.

NEW IN MEDICINE

'New in Medicine' is compiled under the following five heads after studying leading medical journals, major medical news sites and numerous web sites:

- Drugs
- Treatment Guidelines
- Clinical Research
- Healthcare Administration
- Devices

* New in Medicine is published monthly and circulated to all Apollo Hospitals consultants.



One hundred and four issues have been published till March 2021. It is also sent to the Community Physicians.

TENDER LOVING CARE

Tender Loving Care — Our signature nursing program is built around compassion, empathy, and differentiated patient experience.

Globally Benchmarked Nursing Indicators	20 nursing indicators that support clinical excellence and are critical to patient safety and outcomes were selected from the world's best organizations and implemented across the Group, contributing towards greater outcomes in COEs and giving the organization a competitive edge in clinical excellence.
Standardization of Basic Standard Operating Procedure	65 basic SOPs have been created in collaboration with nursing heads across the Group and are institutionalised. We focus on evidence-based best practices to support patient safety.

WALKING THE TALK

Anyone who steps into a hospital is bound to be anxious whether waiting for a lab result or a treatment. This is amplified when the patient is an infant. Rupesh Kumar Singh and Pooja Singh travelled from Bihar in search of treatment for their 9-day-old baby boy. The child was admitted with a dire need for the rare O-Negative blood. Their cry for help on social media platforms was noticed by the Apollo Hospitals staff who immediately sprung into action and themselves donated blood to save the infant.

RHYTHM OF A LION'S HEART

When the 97-year-old Krishna Rao felt breathless and light headed a few weeks back, he barely realised that his heart had skipped a few beats and had slowed down. What could slow down a man that has braved the guns of colonial Europeans, in the days of freedom struggle? When he was brought into Apollo Hospitals, he was diagnosed with a conduction defeat. A permanent pacemaker was implanted to correct Krishna's heartbeat. Resetting the rhythm of a heart that had beat uninterrupted for almost a century is not an easy task, given the wear of the body and the complications of administering anaesthesia for a nonagenarian. The skilled cardiology team pulled it off with nonchalant ease.

We have launched many new initiatives to optimize efficiency and allow nurses to focus on patient needs rather than be distracted by non-core tasks.

CONTINUUM OF CARE

Apollo HomeCare has been skillfully designed to provide high quality, personalized and professional healthcare services at home. It brings in clinical expertise supported by international guidelines, well-trained accredited professionals at all levels including physicians, nurses and technicians.

HOME VISIT PROGRAMS

The Home Visit Program is aimed at providing care to patients who may not require extensive and regular medical interventions, but may need medical assistance from time-to-time. Homecare doctors, nurses and expert physiotherapists are available on-call for timely intervention and for general medical needs.

- **Visits**: Doctor, nurse and physiotherapist can be called home for specific one-time healthcare needs.
- **Medical Procedures**: Procedures like wound dressing and urinary catheterization can be done in the comfort of home.
- **Investigations**: HomeCare technicians collect lab samples from patients homes.
- **Vaccinations**: Trained vaccinators provide immunization and comprehensive vaccination services at home.

HOME PARTNERSHIP PROGRAMS

Home Partnership Programs are devised to facilitate long-term care for patients. This long-term assistance is ideal for patients who are suffering from prolonged illness and for those who require assistance post-hospitalization or post-surgery.

Apollo HomeCare team of professionals ensure that treatment and care are available round the clock to patients. The team of home health professionals (physician/doctor, nurses and physiotherapists) work closely with patients' primary physician/doctor. Regular updates regarding the progress and recovery of the patient are discussed with family members as well.

- Ortho Rehab: Knee, hip & spine surgery
- Heart Rehab: Heart failure & Post-cardiac
- Neuro Rehab: Stroke & Parkinson's
- Lung Rehab: Asthma & COPD
- Mother and Baby Care: Post-natal care
- Elderly Care: Long-term geriatric care

ACCESS THROUGH TELEMEDICINE

Apollo TeleHealth with more than 20 years of experience in the field of Telemedicine, has created the largest and oldest multi-specialty Telemedicine network in India. As pioneers of Telemedicine across the world, we have striven to enhance access to quality healthcare for communities, both in urban and remote geographies.

By synergizing healthcare services, Information & Communication Technologies, medical equipment and patient information system, we provide specialized solutions like Tele-Consults, Tele-Radiology, Tele-Cardiology, Tele-Condition Management, and others; thereby empowering even a remotely located patient anywhere in the world, to access our world-renowned doctors. Through the use of cutting edge technology, we have brought healthcare within the reach of every consumer and have enabled connected health and continuum of care.

Bridging Healthcare Service Delivery Gap through B2B Projects

TeleClinic

Apollo TeleHealth has over 100 Franchisees with over 110 operational centres across 17 countries. The clinics are enabled with integrated Point Of Care Testing devices and virtual access to General Practitioners and specialist doctors round the clock. Over 1 Million teleconsultations have been provided till date.

Doc-on-Call

Doc-on-Call service is the perfect aid for corporate-employees seeking immediate medical attention without the need to travel to a healthcare facility. Regardless of his location, a patient can avail expert medical consultations through a dedicated toll number. Over 100K Doc-on-Call teleconsultations have been provided till date.

Providing Continuum of Care through Innovations & Special Projects:

Smart Kiosk

The Smart Kiosk which is under development, provides on-the-go primary healthcare facilities along with accessibility to higher facilities. With a focus on patient care. the TeleHealth manned kiosk will be able to take on a multitude of tasks, with provisions for screening and diagnosis of various health parameters with the help of smart tech, connected devices and integrated technologies.

The Kiosks utilize a high level of customization and IT enhancements to provide the following:

- Primary diagnostic tests done through Point Of Care Testing devices integrated into the Kiosk
- Virtual consultations with General Physicians & Specialists
- Condition Management Programs with smart connected devices
- Accessibility to higher facilities through diagnostics bookings, consultation bookings, etc.

The smart health kiosks are designed to become a point of presence & first point of contact for self-care and preventive care management. With their presence at multiple locations including public places, the Kiosks are poised to become a significant contribution to the Digital India initiative. The final prototype is being tested at some Apollo Pharmacy and Apollo Clinics locations.

Medical Response Centre - Clinical Expert Services

- A team of 250+ Doctors, Counsellors, Coordinators, Laboratory & Ophthalmic Experts, Data Analysts & Developers
- More than 10.3 Million transactions handled till date
- Average per day total transactions: 20,000+
- Over 3500 Audio & Video consultations and 250+ support services provided daily
- Over 9000 Lab tests and
- 3000+ pharmacy transactions monitored daily
- Over 250 Automated and Adhoc MIS reports generated and provided daily
- Over 900 quality audits and checks conducted daily

ENABLING FINANCIAL ACCESS

Our facility archetype has been consciously designed to ensure that we serve people across various strata and sections of the society. This is the reason our category of beds varies from the standard bed to semi-sharing, twin-sharing, to single room, deluxe room, and all the way up to the suite. The ICUs, OTs, and the Doctors are however the same for all these categories. We do not differentiate in the care we give the patients regardless of their choice of bed. This is a big service differentiator for our hospitals. The archetype has also developed strong Centers of Excellence in key metropolitan cities, where we see a significant number of patients coming from other districts, other states in the country and also from international geographies, in addition to local patients who account for about 50% of the patient base.

Assured Pricing

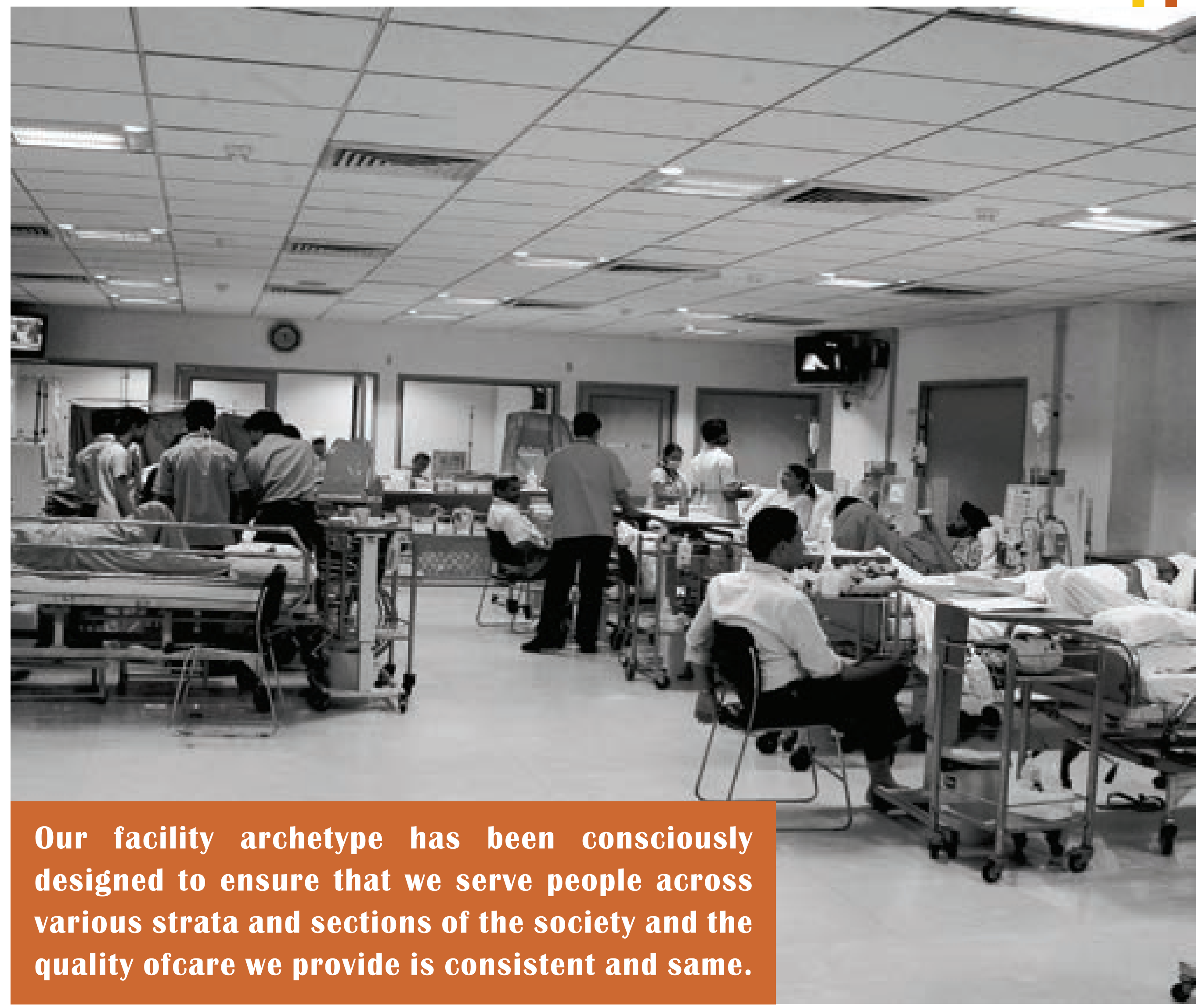
Recognising that patients would be comfortable with upfront certainty in the cost of treatment and hospitalisation, we offer transparency and assurance through Assured Pricing Plans for 100+ procedures. We have trained financial counsellors to assist patients in understanding their options and choosing what would suit them best based on their affordability or insurance plan. We do not compromise on our clinical care regardless of their choice, but the services offered may vary.

Subsidized Patient Financing

Given that India is not a fully insured market, there are significant out of pocket expenses for a patient. For those who are not covered by insurance and want financing, we have tied up with leading institutions like HDFC Bank, SBI, and Bajaj FinServ, for funding. These institutions provide financing for the patients and also do a subvention on their interest rates to make it more affordable for them, sometimes at 0% interest rate. The EMI initiative covers nearly 200 selected elective and non-elective procedures. Registration, Consultation, Diagnostics, Pharmacy, and Hospitalization expenses can be financed.

ImpactGuru Collaboration

Our collaboration with ImpactGuru, India's leading crowdfunding platform, has made a big difference in paediatric care, in the treatment of cancer, organ transplantion, and emergencies. It also helps patients who are not able to make upfront payment for procedures and surgeries. This tie-up enhances affordability for critical illness treatments for the uninsured and under-insured patients across all segments of the society. Contributions can be made from within the country or overseas on the platform. Social media crowdfunding is a successful way for people to finance medical treatment.



Our facility archetype has been consciously designed to ensure that we serve people across various strata and sections of the society and the quality ofcare we provide is consistent and same.

OPERATING BEDS GROUPING FOR AHEL - FY 21

ICU	~2000	Apollo Suite	~110
Neonatal	~60	Isolation Room	~40
Single Room	~1,200	Day Care	~110
Semi-Private/ Twin Sharing	~970	Deluxe	~620
		General Ward	~2,100

AGILE TECHNOLOGY ADOPTION FOR PATIENT CARE

Our care delivery has always been anchored in technological superiority. We believe this is the way we can give our patients outstanding clinical care. We make ongoing efforts to keep abreast of the latest advancements in medical technology, both in diagnostics and treatment, and we take the lead in bringing the appropriate equipment to India. We give equal priority to clinical innovations. These practices have helped us attract and retain the best Clinician talent to practice in our hospitals, making Apollo the destination of choice for healthcare services in the community.

This is the age of big data and data-driven decision-making. We have integrated innovative technology into our care delivery processes and models, thereby improving cost efficiency, clinical quality, service efficiency, and patient satisfaction. In Diagnostics, at the start of the patient care journey, for example, we deploy technology led data-driven innovations which allow the clinical decision-support system to enhance decision-making for the clinician. It also helps minimize errors. Our clinicians use several modes of such decision support systems and predictive analytics to drive patient care. The practice of evidence-based medicine helps us to be more Agile in our patient care process.

OUR AGILITY IN USING TECHNOLOGY FOR DIAGNOSTICS & TREATMENT

Enabling an increased level of information, transparency, collaboration, personal choice and responsibility in the caregiving process, helps us improve clinical care quality, focus on patient-centered care and strengthen patient outcomes. By automating evidence based practices into everyday care delivery, we have been able to reduce non-care administrative effort and maximize time for patient care.

640-SLICE CT

We have India's first state-of-the-art Aquilion One PRISM 640 Slice CT Scanner – a new paradigm in non-invasive cardiology assessment with one-stop cardiac examination of the heart function, cardiac blood supply, and heart muscle function. The 640 CT Aquilion Prism is one of the most advanced CT scanners in the world. Armed with a fast speed of 0.27 seconds for the heart, it provides sharp images of coronary arteries and the plaques in their walls. The percentage of stenosis is accurately assessed. Its advanced Intelligent Clear-IQ Engine offers an opportunity at performing scans with reduced doses with preserved image quality.

FIRST PROTON CENTRE IN SOUTH ASIA

This is the only Proton Therapy system available in Asia and the Middle East. It offers advanced organ specific radiation treatment with state-of-the-art pencil beam Proton therapy for removing malignant tumors from the head, neck, brain, pancreas, and prostate. The treatment provided is highly precise and the radiation is focused directly into the tumor, without causing any harm to the adjoining tissues. As cancer care has become one of the fastest-growing healthcare imperatives, it is critical to redefine our purpose and sharpen our single-minded focus of battling cancer and conquering it. We regard survivorship as an important aspect of the cure and aim to do what we can give to give the patient a good quality of life.

PHILIPS DIGITAL PATHOLOGY SOLUTIONS

Digitization of tissue slides offers the pathologist ease of diagnosis and detection of disease. 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. Digitized tissue can be analyzed by computer algorithms which results in minimised errors and higher efficiency. This is the most sought after technology in the pathological segment of healthcare.

PEDIATRIC CATHLAB SUITE

A dedicated Pediatric Cathlab Suite with state-of-the-art ceiling-suspended Azurion Cathlab and integrated 3D Echo has been installed at Apollo Children's Hospital, Chennai. A first in India, the 12" flat panel detector provides high resolution imaging over a large field of view to detect heart chambers and structural defects. CLARITY IQ enables high quality imaging at ultra low x-ray dose levels and configurable low dose settings when needed. 3D rotational angiography is beneficial for managing interventional procedures as it optimizes radiation doses, contrasts dyes and procedural time. The unique Echonavigator feature automatically fuses live 3D TEE and fluoroscopic images in real time adding clinical value in treating structural heart disease.

DIGITAL PET/CT SYSTEM

The system has the highest sensitivity and reduces scan time and injected dose. Targeted for use in the Proton Centre for patients, the system delivers results with faster output, reduced radiation exposure and lower cost of radioisotope. The system features a unique flow motion for whole body dynamic imaging with continuous bed motion.

RADIXACT - THE LATEST GENERATION TOMOTHERAPY SYSTEM

We have ordered Radixact for the Proton Center to augment the multiple radiotherapy technologies available in our Hospitals. This system comes with higher dose rate for better efficiency, higher gantry rotation for quicker imaging and a treatment delivery console for easier navigation. 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 minimal as less radiation reaches healthy tissues and organs.

DA VINCI XI® ROBOTIC SURGICAL SYSTEM

We have acquired the latest model da Vinci Xi® Robotic Surgical System which provides a natural extension of the surgeon's eyes and hands. Highly-magnified 3D HD Vision ensures that surgeons can see the surgical site with true depth perception and crystal-clear vision. Wristed instruments bend and rotate far beyond the human hand. Firefly Fluorescence Imaging provides real-time visualization and assessment of vessels, bile ducts and tissue perfusion. Tremor filtration and Intuitive® Motion technologies allow surgeons to operate with steady arms & a greater range of motion.

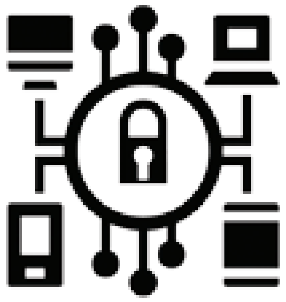
MAZOR ROBOTICS RENAISSANCE SYSTEM

Each person's anatomy brings unique challenges for surgical treatment of the spine. The Renaissance System provides increased safety and precision for a wide variety of spine procedures, and in some cases, enables minimally invasive surgery also. Surgery with the Mazor Robotics technology increases accuracy with less radiation, lowers complication rates, reduces pain and enables faster recovery.

UNCOMPROMISED DATA PRIVACY & SECURITY

We are uncompromising in our practices when it comes to patient privacy, protecting patient data, and ensuring cyber-security. Amongst 13 global peers, AHEL stands on the 86th percentile for information security best practices. We are singular in this distinction amongst hospitals in Asia.

- We have acquired necessary certifications which attest to the safety and privacy of our patient data. AHEL has been certified by Information Security Management System ISO 27001:2013, and is on a proactive AI enabled privacy and security monitoring system. We have had zero incidents thus far. We have integrated our hospital ID interface with NDHM and they have certified our security compliance.
- SAFE is Security Assessment Framework for enterprises that embeds AI and ML algorithms for effective threat management, which is both proactive and reactive. SAFE enables an organization to predict cyber breaches in their environment while contextually aggregating signals from existing cybersecurity products, external threat intelligence and business context. There has been no violation of patient privacy rights or Data Security over the last 5 fiscal years.
- The HIMSS Analytics' EMR Adoption ModelSM is a method for evaluating the progress and impact of electronic medical record systems for hospitals in the HIMSS Analytics® Database. Hospitals can review the implementation and utilization of information technology applications and track progress in completing the eight stages (0–7). AHEL stands at Level 6.
- We have been awarded Level 8 in the Digital Health Most wired by College of Healthcare Information Management Executives (CHiME). Only 13 hospitals out of a sample size of 30,500 hospitals across the world have been recognized at Level 8. Organizations in levels 7 and 8 meet the criteria for being designated as Most Wired. These organizations deploy technologies and strategies to analyze their data towards achieving meaningful clinical and efficiency outcomes. Telehealth is one such example. At Apollo we have enhanced reach and advanced population healthcare through Telehealth.



AGILE WORK PROCESS USING IT

Keeping the patient at the core of our digital transformation, we have leveraged technology to coordinate data flow, insight flow and care flow. Our goal is to make our healthcare service delivery increasingly patient centric while enhancing accessibility and continuity of care.Our model also enables precision in the clinical processes while prioritizing patient safety.

ENTERPRISE-WIDE DIGITAL TRANSFORMATION AND SUSTAINABILITY

Patient Engagement

- Virtual agent
- Self registration, appointments & referrals
- Automated triage
- Integrated Care plan
- Integration of Patient Health Records 24/7

Clinical Process Enhancement

- Single view-referral, appointment & results
- OP supported by Computerized Provider Order Entry (CPOE)
- Paperless OP & Integrated OP Care plan
- AI & ML powered documentation
- Voice-to-text, Chatbot & IP Care plan

Single Click to Patient Record

◊ Referrals

◊ Results

◊ Appointment

◊ Inpatient census

Nursing Engagement - Maximizing Time for Care

◊ Automation of nursing checklists

◊ Analytics for patients

◊ Clinical decision support

◊ Automation of chart audits

◊ Point of care data capture

◊ Automated non-care administrative effort

◊ Automated guidelines for Quality audits

◊ Visible alerts and reminders that enable error free work process execution

PROTOCOL DRIVEN CARE DELIVERY

Automated evidence based practice for everyday care delivery resulting in reduction of unwarranted variations, leading to superior patient outcomes.

◊ Real-Time Clinical Decision Support

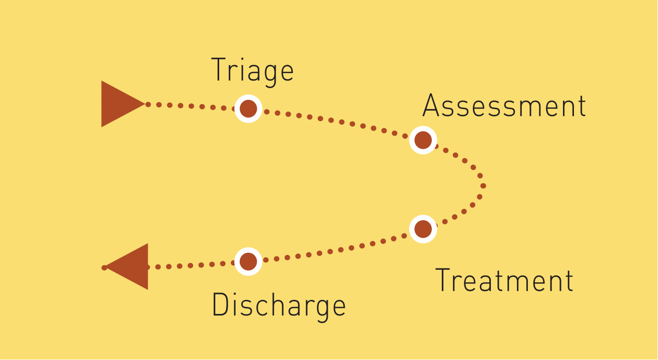
◊ Real-Time Data Integration

◊ AI/ML Predictive Modeling

◊ Workflow Intelligence

◊ 360° Longitudinal Patient Record

◊ Personalized Automated Triage



INTEGRATED VALUE CREATION

Patient Pathway

Integration with all points of Apollo Services

◊ Omni-Channel pathway

◊ Improved patient experience

◊ Improved care continuum

Integrated PHR

◊ Single view of referrals, appointment, medicines and lab results

◊ Integrated specialty care plan

Registration, Appointment & Booking

◊ Reduced patient wait times

◊ Personalized navigation path

◊ Efficient schedule management (Increased self registration and online appointments)

◊ Automated triage & online payment

Predictive and Investigative Analytics

◊ AI/ML prediction models

Value for the Clinician

Standardized Plan of Care

◊ Compliance & consistency (JCI/NABH)

◊ Improved average consultation time

◊ Avoidance of repetitive data capture- allows historical citations

Integrated CPOE

◊ Straight through processing to labs and pharmacies

Clinical decision support

◊ Protocol based and AI driven alerts

Largest Organised Pharmacy Platform

Pharmacies form an important part of ensuring patient care. Apollo Pharmacy is India's first and largest organized, branded pharmacy network. It has been a key market player in this segment for over two decades. The pharmacy has the capacity to deliver medicines in over 10,000 pincode locations, within a span of 2 hours.

Apollo Pharmacy, with outlets in key locations across India, is accredited with International Quality Certification. We offer genuine medicines round-the-clock through our 24-hour pharmacies. Keeping the wellness of our consumer in mind, we have now enhanced our offerings extensively to include a wide variety of wellness products in addition to the traditional pharmaceutical products. Alongside, we have built an effective supply chain with strong distribution channels. We follow stringent protocols when it comes to the stocking of drugs for our pharmacies and ensure that all unused drugs are sent back to suppliers three months before expiry. We also offer home delivery of medicines.

Pharmacy EBITDA (₹ million) *

	(₹ million)
FY21	3,680
FY20	4,452
FY19	2,031
FY18	1,479
FY17	1,233

Pharmacy EBITDA Margin **

FY21	7.5%
FY20	9.2%
FY19	5.2%
FY18	4.5%
FY17	4.4%

* Post Ind AS 116 EBITDA (effective 1st April 2019). ** The pharmacy platform includes the pharmacy distribution business and pharmacy front-end stores (spun-off into Apollo Pharmacy Ltd. as of 1st Sept. 2020).

EXCLUSIVE SUPPLIER PARTNERSHIP WITH APOLLO PHARMACY LIMITED

- Exclusive supplier to Apollo Pharmacy Ltd. (APL) – 25.5% stake
- Backend supply chain housed with AHEL
- Agreement to license "Apollo Pharmacy" brand to APL
- Substantial majority of combined revenue & profits to be captured in AHEL

APL presence in – 700 Cities/ Towns ; Spread across 20 States; & 4 Union Territories.

4,118 Operating Stores

Own brand private labels (FMCG & OTC drugs) constitute nearly 10% of the turnover.

Employee Strength of 30,000 - serving 400,000 customers 24 X 7 everyday

Return on Capital Employed* at 51%

* Pharmacy Distribution Business

EXTENSIVE PHARMACY NETWORK ALSO SUPPORTS THE GROWTH OF APOLLO 24X7

HIGHLY DIFFERENTIATED BUSINESS MODEL DRIVING GROWTH

- Extensive distribution backend
- Asset light model with high Return On Investment
- Economies of scale
- Data driven store expansion
- High customer retention
- 9.95 % private labels sales
- Launched Omni-channel online platform Apollo 24/7

Taking Healthcare into Neighbourhoods. Apollo Health & Lifestyle Limited.

In India, the healthcare industry is undergoing a revolutionary change due to rising income levels, increasing awareness of lifestyle diseases, changing attitudes from prescriptive to preventive healthcare, a growing insurance market and increasing Government spending on healthcare. New and innovative healthcare delivery models are entering the market.

Apollo Health & Lifestyle Limited (AHLL), a subsidiary of Apollo Hospitals Enterprise Limited, is one of the largest players in the retail healthcare segment in India. It takes healthcare services from the hospital setting, closer to home within neighborhood locations, in order to serve the community better. Since setting-up its first Clinic in 2002, AHLL has experienced significant growth geographically, in the number of centres, and the variety of formats.

Apollo Health and Lifestyle Limited (AHLL) is an Apollo Group initiative which takes healthcare services from the hospital setting, closer to home within neighborhood locations, in order to serve the community better.

The Company runs the largest chain of standardised primary healthcare models — multi-specialty clinics under the brand "Apollo Clinics" in India and the Middle East, Diabetes management clinics — Apollo Sugar, Diagnostic Centres — Apollo Diagnostics, specialty formats like Apollo Cradle for Women & Children and Apollo Spectra for planned surgery. among other examples.

Apollo Clinic — 191

Expertise. Closer to you.

An integrated multi-specialty clinic that offers Specialist Consultation, Diagnostics, Preventive Health Checks and Pharmacy, all under one roof. With state-of-the-art facilities, expert physicians, the latest technology, and trained technicians and support staff, all Apollo Clinics are equipped to handle any medical eventuality.

Apollo Clinics is committed to deliver consistent quality, and superior service. It touches over 10,000 lives daily, from treating the smallest of wounds to simple out-patient procedures. This is made possible by the 1200+ qualified doctors that work out of 190+ facilities across the country.

Apollo Sugar Clinics — 22

PROVEN DIABETES CARE

Conceived with the idea of offering focused holistic care for diabetic patients, the clinics provide end-to-end care and management of diabetes and related complications.

Set up with accurate and precise diagnostics and evidence-based treatment protocols, each of these centres is equipped with experienced Diabetologists, Endocrinologists, Diabetes health coaches and Diet counsellors who have a proven track record. All patients receive 360-degree healthcare and assistance, to ensure their well-being.

Apollo WHITE dental — 62

These first-of-a-kind dental care clinics are equiped with dental spas, studios, clinics and express centres. They offer premium services, avant garde cosmetic dentistry, and simple dental services. The clinics are integrated, multi-specialty set-ups that offer solutions to all generic and cosmetic dentistry needs, under one roof. Apollo Dental is equipped to handle any medical eventuality related to oral health.

Apollo Cradle FOR WOMEN & CHILDREN — 09*

Was the first to introduce the concept of an exclusive, standalone healthcare centre for women and pediatric care. It was established as a birthing centre that would have all the warmth, comfort, snugness, and familiarity of a home, as well as excellent infrastructure at par with global standards.

Apollo Cradle & Children's Hospital is founded on a 37 year experience in gynaecology and the safe delivery of over 1,75,000 babies. They are fast becoming the preferred choice for expectant mothers. Services include Maternity & Birthing, Gynaecology, Laparoscopy, Pediatrics & Neonatology, Fertility, Fetal Medicine & NICU, spearheaded by highly qualified and experienced doctors.

Apollo Spectra HOSPITALS — 15*

The Apollo Spectra specialty hospital offers short-stay minimally invasive surgeries, ensuring faster recovery, less pain and minimal blood loss. The set-up provides world class surgical services and post-operative care, in a patient-friendly and accessible facility.

More than 2300+ leading doctors with a track record of over 2,00,000+ successful surgeries, have earned the trust of the community including medical value travellers.

Apollo DIAGNOSTICS Expertise. Empowering you. — 796

Provides a full spectrum of high precision diagnostic services based on which Apollo's healthcare practitioners design and deliver the most appropriate treatment plan to help a patient recover. Apollo Diagnostics is India's first pathology lab chain. To serve patients better, home sample collection services are available across 60 cities via a team of 650+ trained phlebotomists for safe, efficient collection. All the major labs are NABL accredited and ISO Certified. The vertical offers reliable and zero-error diagnostics.

* Includes BOMA

Apollo Dialysis Clinics — 69

India's leading dialysis service network, it provides world-class dialysis facilities with an impeccable track record, supported by state-of-the-art infrastructure, dedicated & experienced Nephrologists, and well trained, expert technicians. The company entered the market with standalone centers in 2010, and provides high quality care services for kidney failure patients, including hemodialysis, peritoneal dialysis, paediatric dialysis, and kidney transplant services.

There are more than 70 clinics in 50+ locations spread across 7 states, and more will be launched soon.

A pilot project to set up Home Hemodialysis units is underway.

Apollo Fertility — 11

Apollo Fertility protocols are designed to address both female and male issues, combined with clinical, surgical, and most importantly, psychological interventions. The team includes specialists in Fertility, Reproductive Medicine, Reproductive, Endocrinology, Embryology, Andrology, Urology, Fertility Enhancing Laparoscopic Surgeons and Counsellors.

The Clinics offer several specialized investigative procedures for infertility in men and women giving couples the very best chance for a successful conception.

UPHOLDING AHLL'S STANDARD OF EXCELLENCE

Quality and patient safety are an inherent part of the culture at Apollo Hospitals. Apollo Q4E App is a comprehensive tool for upholding AHLL's standard of excellence through Continuous Quality Improvement.

The application strives to bring the complete Q4E Program of Apollo Health & Lifestyle Ltd to the fingertips of the employees with the convenience of using it in any kind of system like desktop, tabs or mobile phones. The application also intends to make the complete quality improvement journey paperless with the use of technology and automation, faster communications and lesser turnaround times.

All the quality activities including outcome measures data monitoring, audits, documentations, incident reporting, communications, trainings have been incorporated into the application. Dedicated tabs have been provided to the Quality SPOCs at all the units bringing down the paper usage for quality activities to zero and also improving the turnaround times.

Apollo 24/7. Placing Care in Peoples' Palms.

Apollo 24/7 is India's largest end-to-end omni-channel healthcare platform which we launched on 5th February, 2020. The platform enables users from any part of the country to use trusted Apollo services from their phones, at the click of a button. We have incubated Apollo 24/7 as a new-age digital healthcare start-up, albeit with the full strength of the Apollo physical ecosystem. The platform will offer a seamless end-to-end healthcare service offering starting with virtual consults, but evolving into a healthcare companion for the dicerning consumer. Apollo 24/7 has overcome the challenges of time and place, as the services are available 24/7 and accessible by consumers from any location.

Apollo 24/7, a new-age digital healthcare start-up, will offer a seamless end-to-end healthcare service offering starting with virtual consults, but evolving into a healthcare companion for the dicerning consumer.

- Unique physical and digital ecosystem extremely difficult to replicate
- Integrated healthcare platform with few parallels globally
- Best positioned to become the largest digital health platform
- 30x growth in transactions between Mar'20 and Mar'21

PHYSICAL NETWORK & CAPABILITIES

- Doctors across hospitals & clinics
- Diagnostic centers
- 3mm+ Annual chronic patients
- Leverage from 30mm+ IP/OP
- Corporate tie-ups

+

DIGITAL SERVICES/ ECOSYSTEM

- Offline pharmacy
- Virtual doctor consultation
- Condition management
- Well-being companion
- Online medicine delivery
- Online diagnostic booking
- Health predictor
- Health insurance distribution

AI DOCTOR ASSISTANT

- ◊ Differential Diagnosis Engine
- ◊ Lab & Medicine Recommender
- ◊ Clinical Decision Support system

Apollo 24/7 (FY21)

#BreakTheChain

◊ Informative video to help one understand the break practices

Coronovirus Self Scan Test

◊ Enabled 11,661,000+ with self-risk assessment scans across 30+ countries

Diagnostics at your doorstep

◊ Diagnostic testing with doorstep sample collection

◊ Over 60,000 tests with ~30,000 home lab samples collected

Coronavirus Hotline

◊ Digital helpline available at no cost and without having to visit the hospital.

◊ Managed over 15,000 calls during the severe pandemic months.

Online Pharmacy Delivery

◊ 1st Online player connecting 4,000+ Pharmacies

◊ Delivered ~630,000 medicine orders across ~10k Pincodes

◊ 2 hour delivery of medicines

Virtual Consultation

◊ ~290,000+ online consults have been completed

◊ ~5,500 doctors on the platoform covering 60 specialities round the clock for teleconsultation

Digital Health Record Vault

◊ Providing access to patient's health records by integrating PHR on the App

Access to Apollo Hospital's Emergency Service

◊ Creating a quick path to the Emergency Services

INTEGRATION OF DIGITAL AND PHYSICAL CAPABILITIES PROVIDES

- Seamless continuum of care across primary, secondary and tertiary sectors.
- Timely convenient access of high quality care options enabling preventive, curated healthcare and wellness capability through digital offerings.
- Access to qualified & trained medical resources and a larger patient base

India's largest end-to-end omni-channel healthcare platform which we launched on 5th February, 2020

~6.6M + Registrations

Rising to the Challenge of COVID-19

The continued onslaught of COVID-19 has been devastating on many fronts. Our doctors and frontline staff, across our hospitals and pharmacies, stood like warriors in the face of this challenge providing dedicated and compassionate patient care with excellent clinical outcomes.

We deployed Project Kavach, a comprehensive, integrated COVID-19 management programme, across our network. In living our Patient First philosophy, we ensured patients had 24/7 access to quality healthcare — our ambulances and diagnostic services, Emergency Care, and 4118 pharmacies across the country.

We started a COVID Care series to raise awareness, and this included Web sessions, on-line FAQ sessions with 300+ doctors, 100+ blogs, and various handbooks for employees, corporates & so on. Our Redbook on treatment and protocols was continuously updated with global best practices. We offered collection of samples from home, home care when appropriate, conducted screenings and drive-in testing. We aimed to diagnose early and correctly. And we kept on doing what we do best — providing high quality compassionate care to those in need.

In living our Patient First philosophy, we ensured patients had 24/7 access to quality healthcare — our ambulances and diagnostic services, Emergency Care, and 4118 pharmacies across the country.

Leading from the front. KAVACH.

Apollo Hospitals is India's largest private integrated health system. In March 2020, after a month of intense planning and diligence, Apollo launched "Project Kavach" (meaning "shield" in Hindi), a multipronged program to tackle the Covid-19 pandemic.

Kavach was designed to overcome some unique challenges through innovative new healthcare delivery approaches.

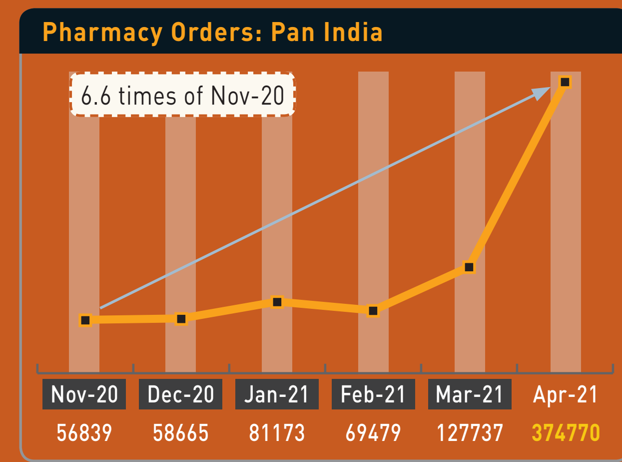
Project Kavach, deployed several unique strategies such as an AI-based Covid-19 screener, the 24/7 integrated app for teleconsultations and medication delivery, health monitoring services at home ("hospital at home"), a multi-stakeholder partnership to provide medical care in hotel rooms across the country ("hospital at hotel"), and methods to rapidly update care protocols across the entire system to help reduce overall spread and mortality.

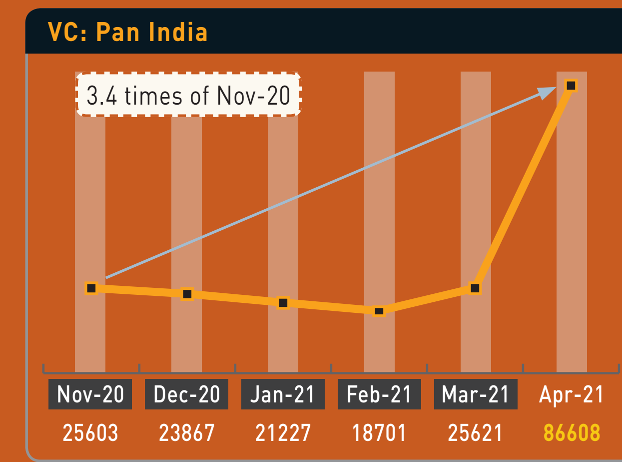
In the early days of the pandemic, Apollo had to rapidly standardize protocols across its 71 hospitals, in anticipation of a large volume of COVID-19 patients and to avoid disrupting the care of people with other conditions. Apollo employs approximately 80,000 people, including some 11,500 nurses (of whom 14% worked with COVID-19 patients).

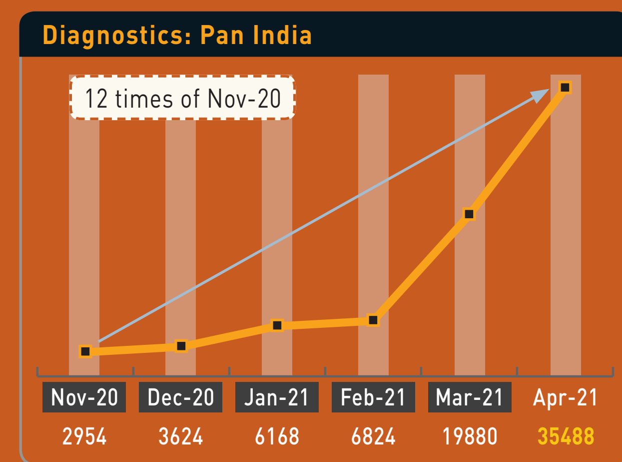
Apollo also had to adapt to the health policies of each of the 16 Indian states in which it operates. There were variations by state in requirements for allocation of COVID-19 beds, how to isolate patients, prices for tests or hospital stays, and who can be cared for at home.

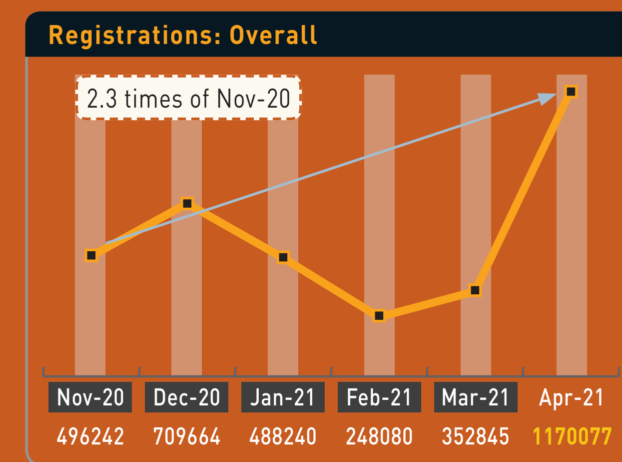
Apollo 24 / 7

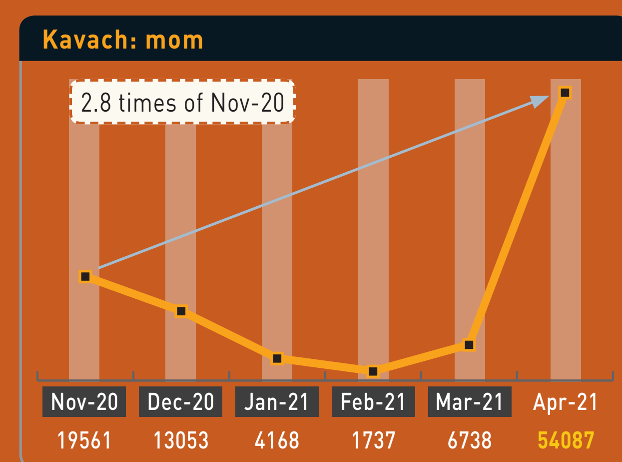
The interactive digital platform Apollo 24/7, was developed to enable users from any part of India to access Apollo services from their mobile phones or the Web for diagnostic testing, doctor consultations, and home delivery of medicines.











- 8.8 million registered users
- 4,000 doctors
- Approximately 100,000 active daily users
- Has enabled about ~240,000 consultation appointments across 75 cities
- 6 million people started their buying journey on Apollo 24/7
- 2 million+ new registrations on the platform for our services
- 470,000 prescriptions (COVID-19 & other health conditions) were filled through the platform

Hospital Services

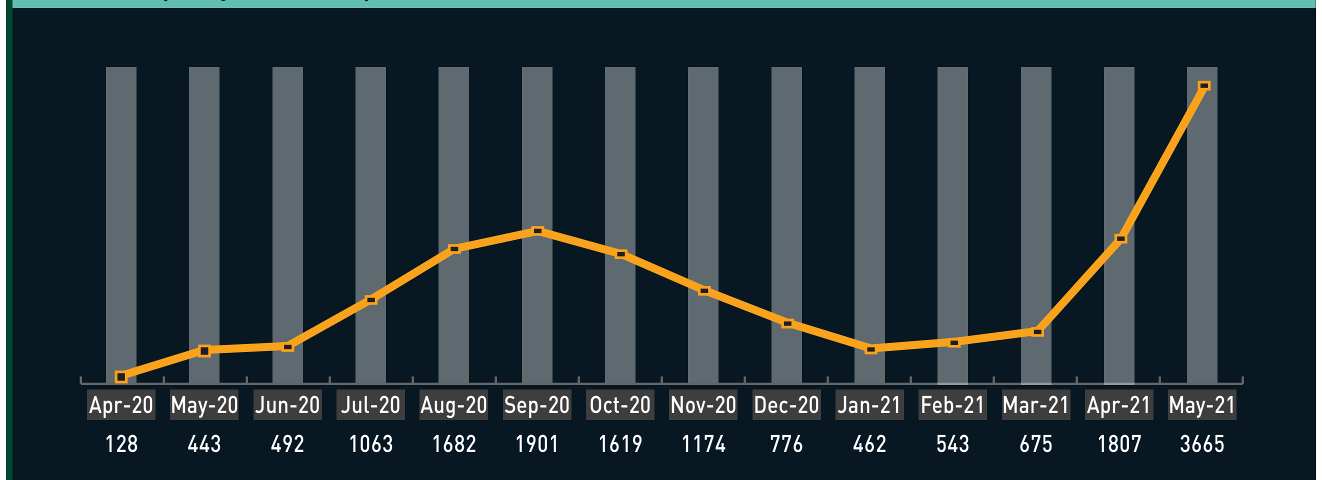
24x7 Access

Free Ambulance Services

4,600 Dedicated COVID Beds @ peak

1,200 Critical Care Beds

Covid Occupancy in the Hospitals



Apollo Diagnostics

Once private labs were approved, Apollo Laboratories rapidly implemented home collection of samples, as well as drive-through testing. Testing regulations and rates varied by state and district; the team had to be extremely vigilant to stay compliant.

Based on guidelines from the World Health Organization and Indian Government, a secure, AI-based self-risk assessment tool was launched on the Apollo 24/7 App and website that allowed screening through simple interactive questions. No personal information was collected. The questions identified comorbidities, travel history, and current symptoms to stratify patients' risk and guide them for appropriate clinical intervention.

Cumulative number of RT-PCR tests since April 2020

1,090,789

- **500+** Screenings across RWA & Corporates
- **200+** Phlebotomists

Home sample collections and "drive-through" tests

Multi-variable Mortality Risk Prediction Using Machine Learning for COVID-19 Patients at Admission

The COVID-19 pandemic caused by SARS-CoV-2 is associated with high mortality and morbidity. In India, over 10 million individuals were affected by the virus in mid January 2021, with over 150 thousand people losing their lives, at a mortality rate of 1.44%. Various studies have been conducted in our major hospitals to understand to determine the mortality risk factors. Understanding the clinical and laboratory predictors at admission can lead to appropriate determinants of mortality and improve triaging, bed and resource allocation, and improved patient management throughout the healthcare system. The datasets of COVID-19 patients can be integrated and analysed by Machine Learning (ML) algorithms to improve diagnostic speed and accuracy better and potentially identify the most susceptible people based on personalized clinical and laboratory characteristics. These methods activate early insights of patient's outcome with the predictors at the time of admission. Existing studies have used Machine Learning Algorithms (MLA) to determine COVID-19 mortality.

Source: www.nature.com/scientificreports (Scientific Reports (2021) 11:12801)

Apollo Fever Clinics

These were segregated facilities to ensure convenient screening and management of patients with symptoms suggestive of COVID-19 while preventing contagion to other patients. Approximately 100 such clinics were set up, either inside hospitals or freestanding, to reduce the burden on emergency departments and a standardized protocol for evaluation of suspected cases, was implemented.

100+ Dedicated Fever Clinics

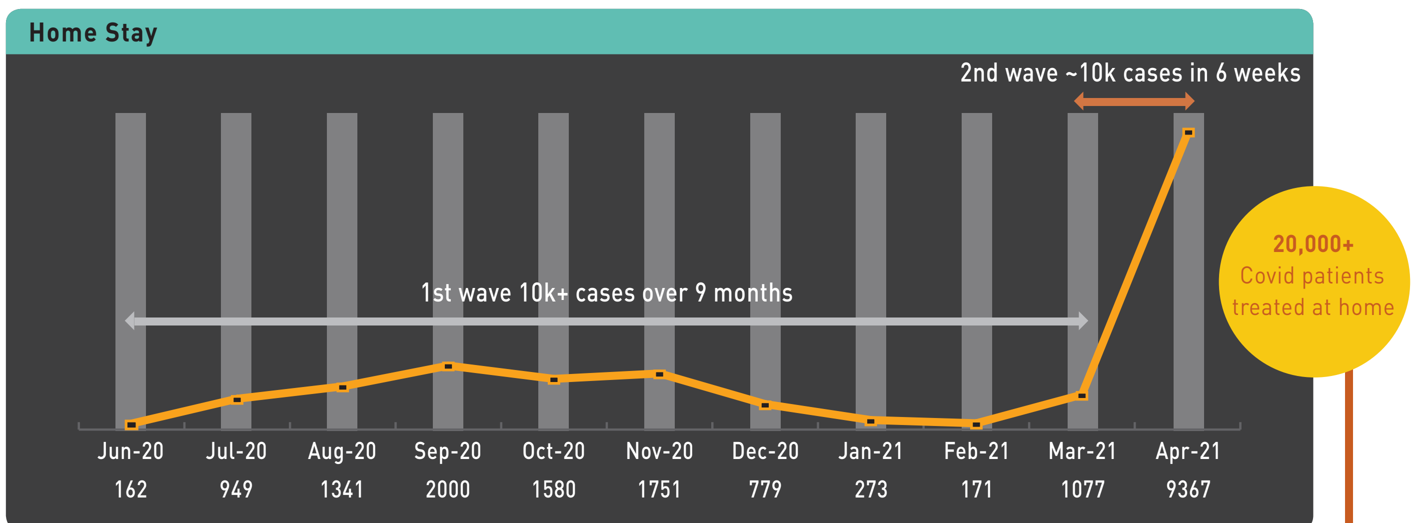
Fever Clinics

200,000 Patients Served

Apollo Homecare

Project Stay @ Home

A monitored "hospital at home", isolation service was offered for patients who were presymptomatic or had very mild symptoms, and were either positive or suspected to be positive. Clinical, nutritional, and mental health services were provided along with support services for moving to the hospital if necessary. Project Stay @ Home has been availed by people from more than 100 locations, in cities and remote villages.



STAY-I

Project Stay @ Hotel

This novel "hospital in a hotel" initiative offered subsidized isolation rooms in hotels with medical supervision. Many of India's population live in smaller homes that are not suitable for self-isolation. Apollo Hospitals assembled a team of corporates and hotel chains to jointly develop a master plan for capacity, protocols, functions, and monitoring.

Apollo trained hotel housekeeping staff on sanitization and hygiene, personal safety, social distancing, food safety, and waste disposal. Approximately 80,000 hotel nights were utilized.

Across the Apollo system, 4,600 dedicated COVID-19 beds were made available during the peak. Approximately 800 ventilators were deployed. Personnel received training on the latest protocols. Medicines, personal protection equipment, hospital supplies, ventilators, and additional medical equipment were procured to meet any increase in demand.

Partnership with **16** Hotels, **5,000+** Rooms

Over **100,000** isolation days

Isolation is an important part of the '#break the chain' strategy

Project Stay I is an innovative initiative to strengthen the bulwark against COVID-19 by creating isolation and quarantine rooms in hotels with light medical supervision thereby creating a barrier to ensure people recover without spreading the virus, while being supervised and if necessary, moved into the hospital at the right time. This initiative helps conserve precious and scarce hospital beds for the critically ill and reduces the burden on hospitals providing acute care.

Pharmacies

24x7 access

650,000+ walk-ins

4118 Pharmacies across 20 states & 4 Union Territories

45,000+ Home deliveries/day

TeleHealth Interventions

Infusing Hope during the Pandemic

At Apollo TeleHealth, we witnessed a 100% increase in teleconsultations since the COVID-19 outbreak both by patients who suspect they may be positive and confirmed cases who are isolated at home. We are providing virtual care in COVID Hospitals in Isolation wards, to bring down the chances of cross-infection.

A major part of the TeleHealth consumers today are people with existing illnesses and chronic diseases such as cardiovascular disease, hypertension, diabetes, etc., who need on-going medical attention. Expectant women and children are also resorting to this mode of consultation to avoid exposure to infection in the hospitals. In the near future, this shift will likely become a behavioral change.

Key Highlights:

- ◊ Over 2 million TeleHealth services have been provided by Apollo Remote Healthcare through different initiatives and projects during the lockdown.
- ◊ 90% of teleconsultations provided from home through secure connections and EMR application.
- ◊ Free COVID-19 teleconsultations have been enabled at over 150,000 CSCs across India at Gram Panchayat level through the Digital India initiative.
- ◊ Activation of "Doctor on Call" Services with a toll-free number for the entire population of Bhopal and Indore in association with the Government of Madhya Pradesh.
- ◊ Activated and operationalized multiple COVID-19 management centres with Tele-ICU facility across India for two PSU-Energy Companies with hotline access.
- ◊ 24/7 Doc-on-Call facility with dedicated COVID-19 hotline number enabled for multiple corporates with 24x7 Emergency access, Tele-ICU, dedicated COVID-19 care and tele-speciality consultation facility.
  - ◊ Over 590 COVID cases handled
  - ◊ 5300+ GP teleconsultations
  - ◊ 750+ specialist teleconsultations
  - ◊ 50+ emergency patients stabilized

Services

Doc-On-Call

40x	~1,300
Surge in calls	Average daily calls
324	**100%**
Clients being served	Call back

Contact Center

- 300+ Doctors in Web Sessions

3x
Surge in calls
4,002
Average daily calls

Covid Management Centres

Tele-Emergency

- Patients admitted to these centers have access to tele-emergency services for stabilization of severe conditions.

Severe Cases Ward

- Patients categorized as severe or above are admitted to this ward and their vitals are remotely monitored by doctors.

Tele-ICU

- Critical patients requiring ventilator support and other tertiary care are admitted into TeleICU ward and are continuously monitored by Tele-ICU doctors.

Additionally, **Tele-Lab Services** are provided at these centers for laboratory tests.

KEY FIGURES

9 Covid management centers

1,073 Teleconsults

10,840 Tele ICU Consults

174 Referrals to higher facility

1,493 Patients served

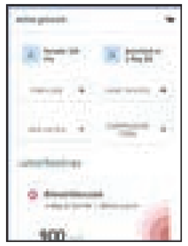
Use of Technology

Managing Backend

- » Admission Process
- » Uniform protocol for COVID management
- » Vital monitoring through connected device
- » Virtual Doctor consultations
- » Patient Feedback process
- » Patient engagement (Webinars)
- » Trainings and quality monitoring Dashboard for central monitoring

Augmenting Stay I

Connected Devices



Patient App

Provider Dashboard

Vaccination

The Indian Government developed a national protocol for vaccination that include self-registration on an App, CoWIN, that is also used to monitor progress in real time and also issue completion certificates. We held mock drills at several sites covering identity checks, cold chain maintenance for the vaccine, validation of data in the CoWIN App, and management of patient safety. 42 Apollo hospitals has received approvals for vaccination by state authorities and are administering vaccines. Apollo Clinicians and Leadership have played a significant role in educating the public on the benefits of vaccination.

1012 VACCINATION CENTERS ACROSS **21** STATES

Using the advantage of our pan India network – 19 medicine supply hubs with cold chain facilities, 71 hospitals, 400+ clinics, 500+ corporate health centers, and 4000+ pharmacies alongside the omni-channel digital platform Apollo 24/7, we ensured massive administration capacity for COVID-19 vaccinations. About 40% of India is roughly around 45 minutes away from an Apollo Pharmacy, which makes it convenient to guarantee safe and widespread reach of the vaccine. More than 10,000 Apollo employees have been trained to administer the vaccine and will be stationed at our vaccination centres.

Vaccination MoUs signed by — AHEL: **195**
AHLL: **224**

Communications and Publications

Information on the management of COVID-19 was changing almost on a daily basis during the pandemic. COVID-19 broke down geographical barriers and people came together to promote and share knowledge and best practices.

Our clinical team put together information on precautionary measures, mode of transmission, clinical presentation, and management of Covid-19, via a "living" evidence review called Red Book based on scientific papers, and disseminated it to all our hospitals in order to standardize protocols across hospitals. Evidence-based guidelines were revised once per week as needed and sometimes more often, for example, when Recovery trial data was published from the UK on the use of steroids.

The Red Book has been revised 14 times and one or more clinical protocols revised 31 times to date. The changes were communicated to medical directors via emails, WhatsApp, and virtual meetings, who then communicated it to local consultants.

Similar information for patients, including the importance of not neglecting other aspects of health, was disseminated to the public through an e-book as well as multiple print and social media channels totaling some 75 million impressions.

A first-of-its-kind comprehensive text book on COVID-19 written and edited by 80 senior healthcare professionals from various specialties was also brought out by Apollo Indraprastha, highlighting COVID-19 related clinical manifestations, treatment and experimental therapies. The book has been put together basis statistical insights, scientific data and a plethora of new reports gathered from World Health Organization and advisories issued by National Health Services of some of the most COVID-19 impacted countries across the globe. It elaborates the line of treatment for immunocompromised patients with varied co-morbidities and underlying diseases along with other neurological, cardiovascular, endocrinal, renal and pediatric related health issues. This is a extremely useful ready reference for healthcare workers around the world.

Global Association of Physicians of Indian Origin (GAPIO) made enormous effort to make knowledge and best-practice-sharing, and protocols borderless by holding more than 50 clinical webinars during the pandemic months.

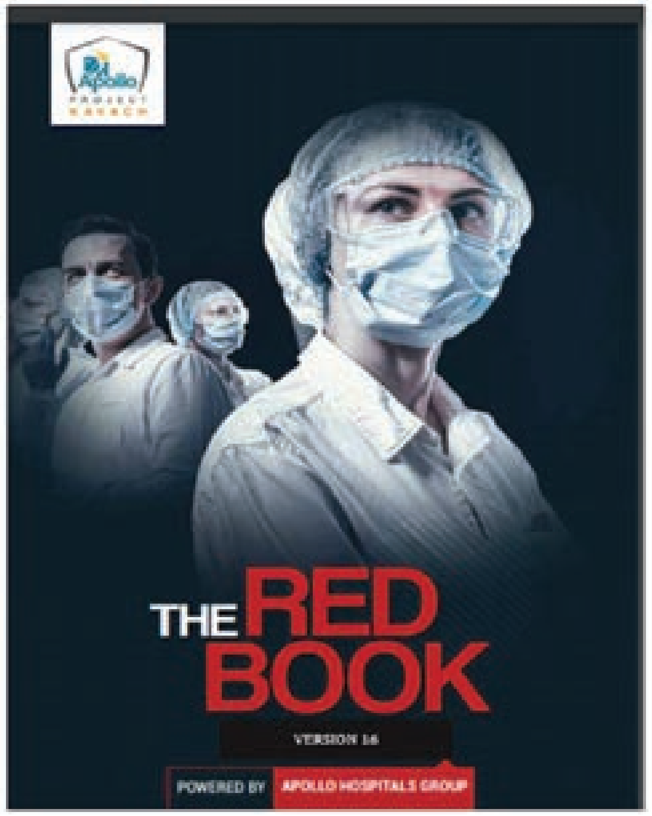
Research & Publications

Total Papers from India	8431
AIIMS	319
Apollo	**220**
PGIMER	197

Innovations at Apollo

RED BOOK

The most comprehensive guide for COVID management

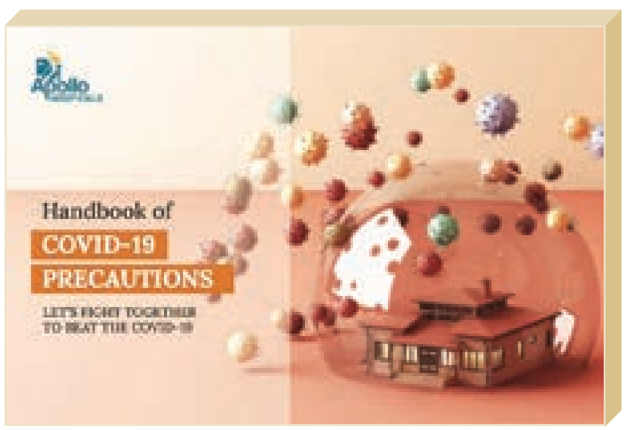


Information on precautionary measures, mode of transmission, clinical presentation, and management of COVID-19 was developed and disseminated to all Apollo's entities and referring doctors via a "living" evidence review called Red Book.

All updated continuously with global best practices and helping deliver "medical excellence with a human touch"

Manual for Investigations and Treatment Protocol for COVID-19

100+ blogs on COVID-19 Care



CONTENTS

Patient-Speak about Apollo Care

You all are amazing, and I can't thank you enough for everything you did to make my life comfortable during the rough days of my life. I couldn't imagine that the COVID journey would be this painful, but then seeing all of you packed in these bags, smiling all the time, and taking care of everyone like your own family member, my pain simply vanished . . . this is beyond any professional service I have witnessed so far.

A massive thank you for teaching me real professionalism and humanity, beyond what I already knew.

"Seeing all of you packed in these bags, smiling all the time, and taking care of everyone like your own family member, my pain simply vanished ... this is beyond any professional service I have witnessed so far."

"For me, what I marvel at is not just the service you provide, but also the smiles with which this service is delivered at such an overwhelming time."

I just wanted to say thank you for all that you and your teams are doing. I cannot even imagine how stressful a time this must be for all of you, your doctors, the nurses and the support staff. At Airtel we have experienced the Apollo magic ourselves, in the hospitals across the country and in the home care support you have provided during this insane time.

For me, what what I marvel at is not just the service you provide, but also the smiles with which this service is delivered at such an overwhelming time. This can only happen because of an incredible sense of purpose and values that has been inculcated in the hearts of every person in Apollo over the years. Knowing all of you and being so fond of every one of you I am truly inspired by that.

I pray that we overcome this crisis as a country and come out of it soon. And again thank you for all you are doing.

"I appreciate Apollo Trichy for their untiring service to the public during this pandemic and for following all the Covid protocols set by the Government."

I'm writing here my very own experience at Apollo Hospitals, Trichy. My father Mr. Chandrasekaran had COVID and he was very sick when admitted in ICU in the care of Dr. Tamilarasan, who took care of my father very well and very patiently explained my father's condition, improvement and the plan of treatment. My father improved well and came out of ICU with the treatment and support. Special thanks to Ms Kohila, dietitian, who spoke to us on a daily basis, took care of my father's nutritional needs and also helped us to connect with my father through video call.

I appreciate Apollo Trichy for their untiring service to the public during this pandemic and for following all the COVID protocols set by the Government.

Our sincere thanks to Dr Tamilarasan, Ms Kohila Dietitian, Dhanam OP-ANM, ICU doctors, nurses and housekeeping staff.

Salute to our COVID Warriors

Knowing that it takes a great deal of courage to stand up to this enemy, they stood and never stopped caring. They fought to protect us. They lost their lives so we could win. The world will always remember the bravest of our COVID Warriors who gave up their lives in the service of others.

We salute you. You shall always be an inspiration.

You shall live forever.

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

Shri. Som Mittal*

Dr. Murali Doraiswamy

Smt. V Kavitha Dutt

* w.e.f. 21st July 2021

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

Axis Bank
Bank of India
Canara Bank
HDFC Bank
HSBC
ICICI Bank
IDBI Bank
IDFC First Bank
Indian Bank
Indian Overseas Bank
Punjab National Bank
State Bank of India
Union Bank of India

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
Smt. Suneeta Reddy Member **	Dr. Murali Doraiswamy Member		Shri. MBN Rao Member
Shri. Vinayak Chatterje Member ***			Dr. Murali Doraiswamy Member

* ceased to be a member with effect from 1st April 2021
** appointed as a member with effect from 17th May 2021 and ceased as a member with effect from 21st July 2021
*** appointed as a member with effect from 21st July 2021

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 FORTIETH ANNUAL REPORT and the audited financial statements for the year ended 31st March 2021

FINANCIAL RESULTS

(₹in million)

Particulars	Standalone		Consolidated	
	Year ended 31st March 2021	Year ended 31st March 2020	Year ended 31st March 2021	Year ended 31st March 2020
Income from Operations	91,530	97,944	105,600	112,468
Profit before Exceptional Items and Tax after share of profits in Joint Ventures & Associates	1,857	5,179	1,609	4,586
Exceptional Items	(91)	1,644	606	1,983
Profit after Exceptional Items before Tax after share of profits in Joint Ventures & Associates	1,766	6,823	2,215	6,569
Provision for Tax	716	2,121	847	2,252
Profit for the Period	1,050	4,702	1,368	4,317
Earnings Per Share (₹)	7.50	33.80	10.74	32.70

RESULTS OF OPERATIONS

During the year under review, the income from operations of the Company degrew by 7% to ₹91,530 million in FY21 compared to ₹97,944 million in the previous year. The profit after tax for the year declined by 78% to ₹1,050 million compared to ₹4,702 million in the previous year.

During the year under review, the consolidated gross revenue of the Company degrew by 6% to ₹105,600 million compared to ₹112,468 million. Net profit after minority interest for the group declined by 68% to ₹1,368 million compared to ₹4,317 million in the previous year.

IMPACT OF THE COVID-19 PANDEMIC ON THE BUSINESS

Due to the continuing COVID-19 pandemic situation, there were localised lockdowns in various parts of the country apart from continuing restrictions on international and domestic travel . This was coupled with advisories issued by the government on postponing elective surgeries and undergoing preventive health checks .

The Pharmacy Distribution and Stand Alone Pharmacy segmental revenues and business performance were not impacted during the lockdown, and continued to show growth momentum.

However, the continuance of the pandemic situation resulted in a material impact on the healthcare sector in general and the Company's healthcare services business operations, due to the following reasons:

- Severe travel related restrictions impacting both employee movements and patient flows to our hospitals .
- Out Patient footfalls being impacted apart from incidence of postponement of elective procedures. Both factors in turn have led to a substantial reduction in the inpatient case loads .
- Continued investments being required to be made on investments in equipment, consumables and other resources to ensure 100% preparedness for safety in the hospital(s) and eventual treatment of patients in case of a need.
- Current embargo on international travel has also impacted patient flows to hospital units located in metro centres as well.

However, patient case loads and occupancies across the hospitals network witnessed improvements post easing of lockdown related restrictions. We will continue to calibrate our responses to the COVID-19 situation as it evolves.

Apollo Hospitals, being the largest private health care services provider in the country is well positioned to continue to address the demand for tertiary health care services across the country over the long term.

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 had 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 divestment business") carried out in the standalone pharmacy segment to APL by way of slump sale for an overall cash consideration of ₹5,278 million, subject to necessary approvals by stock exchanges, shareholders, the National Company Law Tribunal and all other requisite regulatory authorities.

The Company received no objection letters from National Stock Exchange of India Limited and BSE Limited. Further, the Company obtained approvals from the Competition Commission of India (CCI) and from the equity shareholders in October 2019.

The National Company Law Tribunal (NCLT), Chennai Bench vide its order dated 3rd August 2020 approved the Scheme. The Scheme was effective from 1st September 2020.

Post the disposal of the divestment business, the Company identified Pharmacy Distribution as a new segment with effect from September 1, 2020. The Company thereafter has identified Healthcare and Pharmacy Distribution as its operating and reportable segments. Healthcare segment represents hospitals and hospital based pharmacies. Pharmacy distribution segment represents the business of procurement and distribution of pharmaceutical items, fast moving consumer goods (FMCG) and private label products.

SCHEME OF AMALGAMATION

The Board of Directors at their meeting held on 13th February 2020 had approved the amalgamation of Apollo Home Healthcare (India) Limited and Western Hospitals Corporation Private Limited, wholly owned subsidiaries of the Company (hereinafter referred to as "Transferor Companies") into Apollo Hospitals Enterprise Limited ("Transferee Company") by way of a Scheme of Amalgamation between the Transferor Companies and the Transferee Company and their respective shareholders and creditors, in accordance with the provisions of Sections 230 to 234 of the Companies Act, 2013.

The amalgamation was subject to requisite statutory and regulatory approvals and sanction by the respective shareholders of each of the Companies involved in the scheme.

The Amalgamation of the Transferor Companies with the Transferee Company is aimed at achieving the following primary benefits:

- Facilitate consolidation of the undertakings in order to enable effective management and unified control of operations;
- Create economies in administrative and managerial costs by consolidating operations;
- Reduce duplication of administrative responsibilities and multiplicity of records and legal and regulatory compliances.

The Board of Directors through a circular resolution, approved the revised proposal in compliance with Section 233 of the Companies Act, 2013 to proceed with an application to the Regional Director, Southern Region, Ministry of Corporate Affairs for approving the Scheme of Amalgamation subject to completion of necessary formalities and obtaining requisite approvals instead of filing applications with NCLT seeking dispensation from the requirement of convening shareholders / creditors meetings of the Company:

- Apollo Home Healthcare (India) Limited and
- Western Hospitals Corporation Private Limited

The Company obtained shareholders and creditors approval with the requisite majority for the proposed Scheme of Amalgamation of the wholly owned subsidiary companies with the Company and has also obtained approval from the Regional Director, Southern Region, Ministry of Corporate Affairs vide order dated 28th June 2021 for going ahead with the Scheme of amalgamation. The Scheme would be effective from 1st April, 2020.

There will not be any change in the shareholding pattern of the Transferee Company pursuant to the Scheme of Amalgamation as the Transferor Companies are wholly-owned subsidiaries of the Transferee Company.

PROPOSED TRANSFER OF BUSINESS UNDERTAKING

The Board had met on June 23,2021, to review the Company's long-term strategy including the intent to create a distinctive digital ecosystem for providing a holistic healthcare platform which encompasses a wide range of healthcare services including enabling e-consultations and online ordering for delivery of medicines.

Keeping this in perspective as well as the fact that the business of procurement of pharmaceutical and other wellness products including private label products and wholesaling and supply of such products to pharmacies, including investment in pharmacy retail business, and development, operation and management of the online platform for digital healthcare owned and operated by the Company under the branding of "Apollo 24/7", shall require a specific and focused approach, the Board in its meeting held on 23rd June 2021, approved the proposal for going ahead with the transfer of the business undertaking comprising of the Pharmacy Distribution business and Apollo 24x7 online digital healthcare platform on a slump sale basis to a wholly owned subsidiary company, Apollo HealthCo Limited for a net consideration of ₹12,100 million (Rupees Twelve Thousand One Hundred Million Only) which is in excess of the networth of the Business Undertaking sought to be transferred to Apollo HealthCo Limited.

This move is expected to result in the following benefits:

1. Facilitate creation of India's largest omni - channel digital healthcare delivery platform and thereby enable huge funneling potential for healthcare consumers into the Apollo ecosystem
2. Enable the process of combining the strength of the Apollo Hospitals Group's offline healthcare leadership with new age digital offerings to address all healthcare consumer needs
3. An asset light approach (through digital offerings) would be followed to fuel growth and achieve the objective of getting 100 million targeted registered users on the Apollo 24x7 digital platform in the next 5 years
4. An appropriate platform would be created for attracting a new pool of investor capital and to enable rapid scale up of the business,

The proposed transfer would include the Company's investment in the pharmacy retail business apart from all related assets and liabilities and is subject to receipt of regulatory approvals including shareholders and lenders approvals.

DIVIDEND

The Board of Directors have recommended a dividend of ₹3/- per equity share (60% on face value of ₹5/-per share) on the paid-up equity share capital of the company for the financial year ended 31st March 2021 amounting to ₹431.35 million which if approved, at the forthcoming Annual General Meeting on 31st August 2021 will be paid to those shareholders whose names appear in the Register of Members as at the closing hours of business on 20th August 2021. 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, 21st August 2021 to Tuesday 31st August 2021 (both days inclusive).

In view of the changes made under the Income-tax Act, 1961, by the Finance Act, 2020, dividends paid or distributed by the Company shall be taxable in the hands of the Shareholders. Your Company shall, accordingly, make the payment of the Dividend after deduction of tax at source.

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, ten step down subsidiaries, four joint ventures and three associate companies. As on 31st March 2021, your Company had eighteen direct subsidiaries, ten step down subsidiaries, three 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 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), Medics International Lifesciences Limited (MEDICS), 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 Surya Fertility Centre Private Limited (SFC) pursuant to Section 129 read with Rules 5 of the Companies (Accounts) Rules, 2014 is contained in Form AOC-1, which forms a part of the Annual Report.

1. APOLLO HOME HEALTHCARE (INDIA) LIMITED (AHHCIL)

AHHCIL, a wholly owned subsidiary of the Company recorded an income of ₹6.23 million and a net profit of ₹1.84 million.

2. A.B. MEDICAL CENTRES LIMITED (ABMCL)

ABMCL, is a wholly owned subsidiary of the Company and 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, 2021, ABMCL recorded an income of ₹8.04 million and a net profit of ₹6.38 million.

3. SAMUDRA HEALTHCARE ENTERPRISES LIMITED (SHEL)

SHEL, a wholly owned subsidiary of the company, runs a 120 bed multi speciality hospital at Kakinada. For the year ended 31st March, 2021, SHEL recorded an income of ₹509.45 million and a net profit of ₹115.14 million.

4. APOLLO HEALTH AND LIFESTYLE LIMITED (AHLL)

AHLL, is a 68.25% 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, 2021, AHLL recorded an consolidated income of ₹7,062.80 million and a net loss of ₹663.90 million.

5. WESTERN HOSPITALS CORPORATION PRIVATE LIMITED (WHCPL)

WHCPL, a wholly owned subsidiary of the Company, recorded a net loss of ₹10 million for the year ended 31st March 2021.

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 which has invested in a venture capital fund which focuses on funding early stage healthcare technology startups in Asia.

9. IMPERIAL HOSPITAL AND RESEARCH CENTRE LIMITED (IHRCL)

IHRCL, is a 90% subsidiary of the company which owns a 250 beds multi-specialty hospital at Bengaluru. For the year ended 31st March, 2021, IHRCL recorded an income of ₹2,319.75 million and a net profit of ₹83.19 million.

10. APOLLO HOME HEALTHCARE LIMITED (AHHL)

AHHL, a 89.42% 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 ₹552.80 million and a net profit of ₹16.93 million.

11. APOLLO NELLORE HOSPITAL LIMITED (ANHL)

ANHL a 80.87% subsidiary of the Company has leased out its land at Nellore to the Company. ANHL recorded an income of ₹8 .17million and a net profit of ₹6.44 million.

12. 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, 2021, SBPL recorded an income of ₹31.43 million and a net profit of ₹11.18 million.

13. 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, 2021, ARHPL recorded an income of ₹863.57 million and a net profit of ₹83.41 million.

14. APOLLO LAVASA HEALTH CORPORATION LIMITED (ALHCL)

ALHCL, a 51% subsidiary of the company, runs a hospital at Lavasa. For the year ended 31st March, 2021, ALHCL recorded a net loss of ₹19.59 million.

15. ASSAM HOSPITALS LIMITED (AHL)

AHL, a 65.85% subsidiary of the company, runs a multi speciality hospital at Guwahati. For the year ended 31st March, 2021, AHL recorded an income of ₹1,352.15 million and a net profit of ₹80.77 million.

16. 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, 2021, AHIL recorded an consolidated income of ₹1,719.13 million and a net profit of ₹29.06 million

17. 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 ₹45.60 million and a net loss of ₹20.04 million

18. MEDICS INTERNATIONAL LIFESCIENCES LIMITED (MEDICS)

MEDICS, is a 51% subsidiary of the company which owns a 330 beds multi-specialty hospital at Lucknow. For the year ended 31st March, 2021, Medics recorded an income of ₹1,928.15 million and a net profit of ₹97.41 million

19. 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, 2021, ASHPL recorded an income of ₹3,301.30 million and a net loss of ₹441.70 million.

20. 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, 2021, ASCL recorded an income of ₹187.82 million and a net profit of ₹2.82 million.

21. ALLIANCE DENTAL CARE LIMITED (ADCL)

ADCL, a subsidiary of Apollo Health and Lifestyle Limited is engaged in the business of running dental care centres and recorded an income of ₹173.56 million and a net loss of ₹48.56 million for the year ended 31st March 2021.

22. 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 2021, ADPL recorded a revenue of ₹414.82 million and a net loss of ₹4.35 million.

23. AHLL DIAGNOSTICS LIMITED (ADL)

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

24. AHLL RISK MANAGEMENT PRIVATE LIMITED (ARML)

ARML, a subsidiary of Apollo Health and Lifestyle Limited had recorded an income of ₹0.53 million and a net loss of ₹5.17 million.

25. APOLLO CVHF LIMITED (CVHF)

CVHF, a subsidiary of Apollo Hospitals International Limited is in the business of providing healthcare services. For the year ended 31st March, 2021, CVHF recorded an income of ₹185.90 million and a net loss of ₹72.10 million.

26. 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, 2021, ABCL recorded an income of ₹447.26 million and a net profit of ₹57.83 million

27. KSHEMA HEALTHCARE PRIVATE LIMITED (KHPL)

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

28. SURYA FERTILITY CENTRE PRIVATE LIMITED (SFC)

SURYA, a subsidiary of Apollo Speciality Hospitals Private Limited is engaged in the business of running cradle and fertility centres. For the year ended 31st March, 2021, SFC recorded an income of ₹28.70 million and a net profit of ₹1.16 million

INVESTMENTS

Medics International Lifesciences Limited

During the year, the Company completed the acquisition of a 1% additional stake in Medics International Lifesciences Limited ("Medics") which runs 330 bed multispeciality hospital in Lucknow. Consequently, Medics became a subsidiary of the Company with effect from the date of acquisition which was 7th January 2021.

Apollo Multi Speciality Hospitals Limited - AMSHL (Formerly known as Apollo Gleneagles Hospital Limited)

The Board of Directors, in their meeting held on November 11, 2020 approved the proposal to acquire the 50% equity stake held by Gleneagles Development Pte Ltd., Singapore in AMSHL Kolkata, in which the Company held a 50% equity stake at a consideration of ₹4,100 million.

The acquisition of 50% equity stake held in AMSHL, Kolkata by Gleneagles Development Pte Limited was completed on 22nd April 2021, with AMSHL becoming a 100% subsidiary of the Company.

The name of the Company was changed from Apollo Gleneagles Hospital Limited to Apollo Multi Speciality Hospitals Limited, subsequently based on approval obtained from the Ministry of Corporate Affairs with effect from 5th May 2021.

Apollo Medicals Private Limited

The Scheme of Arrangement (" the Scheme") relating to the transfer of the front end portion of the retail pharmacy business ("divestment business") to Apollo Pharmacies Limited ("APL" or "Transferee Company") , a wholly owned subsidiary of Apollo Medicals Private Limited ("AMPL") for an overall cash consideration of ₹5,278 million was approved by the National Company Law Tribunal vide their order dated August 3, 2020.

Pursuant to the Scheme becoming effective from 1st September, 2020, the Company invested a sum of ₹365 million towards its share of equity contribution and its ownership interest in AMPL reduced to 25.50% .

Apollo Health Co Limited

The Company has acquired the entire equity stake held by the existing shareholders in Apollo Health Co Limited (AHL) on 233rd June 2021. Consequent to that, AHL became a wholly owned subsidiary to the Company.

QUALIFIED INSTITUTIONAL PLACEMENT (QIP)

During the year, your Company successfully completed a Qualified Institutional Placement (QIP) raising ₹11,699.99 million from Qualified Institutional Buyers by issue of 4,659,498 equity shares of ₹5/- each at an issue price of ₹2,511/- per equity share including premium of ₹2,506/- per share. The monies raised have been utilised in line with the objects to the issue mentioned in the Placement Document.

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 M/s Lakshmmi Subramanian & Associates, Practising Company Secretaries 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, 2 complaints were received under the policy, both 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 2021 were ₹1.28 million (₹1.90 million as on 31st March 2020) 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 as on 31st March 2021. 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.Preetha Reddy, Director retires by rotation at the ensuing Annual General Meeting and being eligible offers herself for re-appointment.

Change in Board Composition

Outgoing Director

Dr. T. Rajgopal had accepted the position of Chief Operating Officer in Breach Candy Hospital, Mumbai. As a good corporate governance practice, he had tendered his resignation from the position of Independent Director of the Company with effect from 1st April 2021 to avoid a potential conflict of interest situation in the Company.

Dr. T. Rajgopal has also confirmed that there are no material reasons for his resignation other than that specified herein above.

The Board places on record its sincere appreciation for the valuable services rendered by Dr. T. Rajgopal during his tenure.

New Director

Based on the recommendation of the Nomination and Remuneration Committee, the Board has recommended to the members that Shri. Som Mittal be appointed as an Independent Director for a term of 5 (five) consecutive years, with effect from 21st July 2021.

The Company has received declarations from Shri Som Mittal confirming that he meets the criteria of independence prescribed under the Act and the Listing Regulations.

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, 2021, 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, 2021 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, 2021 was ₹718.93 million.

During the year, the Company allotted 4,659,498 equity shares of ₹5/- each to Qualified Institutional Buyers (QIBs) on 23rd January 2021 under Qualified Institutions Placement Scheme (QIP) at a price of ₹2,511/- per share including a premium of ₹2,506/- per share. Consequent to the allotment of above said shares, the equity paid up capital has been increased from ₹695.63 million divided into 139,125,159 equity shares of ₹5/- each to ₹718.93 million divided into 143,784,657 equity shares of ₹5/- each.

These shares have been listed at BSE Limited (BSE) and National Stock Exchange of India Limited, (NSE), Mumbai.

The Company has not issued shares with differential voting rights nor granted stock options nor sweat equity. As of March 31, 2021, 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.

TERMINATION OF GLOBAL DEPOSITORY RECEIPTS ("GDRS") PROGRAM AND DELISTING OF GDRS FROM THE LUXEMBOURG STOCK EXCHANGE ("LSE")

In view of the minimal number of GDRs outstanding and the low trading volume related to the GDRs, the Board of Directors of the Company at its meeting held on 12th February 2021 had resolved to terminate the GDR program. The notice of termination of the GDR program was sent to all GDR holders on 25th February 2021 by Bank of New York Mellon, Custodian of GDR informing that the GDR facility was terminated with effect from 26th March 2021. The holders can surrender their GDRs to Bank of New York Mellon, for delivery of underlying equity shares upto the period of March 31, 2022, subsequent to which Bank of New York Mellon, Custodian may attempt to sell the underlying shares and distribute the net proceeds to the respective GDR Holders. Subsequent to termination of the GDRs programme, the Luxemburg Stock Exchange will delist the GDRs.

As on March 31, 2021, the total outstanding GDRs was 126,646 representing 0.09% of the paid up share capital 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 other than the transaction stated in AOC-2 in terms of Section 134(3)(h) read with Section 188 of the Act and Rule 8(2) of the Companies (Accounts) Rules, 2014, which is annexed herewith as Annexure-II.

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 2020-2021 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 2021-2022 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. 6 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 2020-2021. The Secretarial Audit Report for the financial year ended March 31, 2021 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, 2021.

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

A copy of the Extracts of the Annual Return of the Company as required under section 134(3)(a) of the Companies Act, 2013, in Form MGT-9, as they stood on the close of the financial year i.e. 31st March, 2021 is furnished in ANNEXURE-D and forms part of this Report.

Further, a copy of the Annual Return of the Company containing the particulars prescribed u/s 92 of the Companies Act, 2013, in Form MGT-7, as they stood on the close of the financial year i.e. 31st March, 2020 is uploaded on the website of the Company in the Investor Relations Section and can be accessed from the Company's website www.apollohospitals.com

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 : July 21, 2021

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, the Company's growth, 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 : July 21, 2021

Dr. Prathap C Reddy

Executive Chairman

ANNEXURE II TO THE DIRECTORS REPORT

FORM NO. AOC-2

(Pursuant to Clause (h) of sub-section (3) of Section 134 of the Act and Rule 8(2) of the Companies (Accounts) Rules, 2014)

Disclosure of particulars of contracts/arrangements entered into by the Company with related parties referred to in sub-section (1) of Section 188 of Companies Act, 2013 including certain arms length transactions under third proviso thereto.

1. **Details of contracts or arrangements or transactions not at arms length basis :**

   There were no contracts or arrangements or transactions entered into by the Company with related parties during the year ended 31 March 2021, which were not on an arm's length basis.

2. **Details of material contracts or arrangement or transactions at arm's length basis:**

   The details of material contracts or arrangements or transactions at arms length basis for the year ended 31st March 2021 are as follows :-

Name of the related party and nature of relationship	Nature of contracts / arrangements / transactions	Transaction in value (Rs.in million)	Duration of the contracts / arrangements / transactions	Salient terms of the contracts or arrangements or transactions including the value, if any	Date(s) of approval by the Audit Committee / Board	Amount paid as advances
Apollo Pharmacies Limited (APL) (Indirect Associate of the Company)	Supply of Pharmaceutical Products and general wellness products including private label products	₹30,260	1st September 2020 to 31st March 2021	The related party transactions (RPT) entered into during the year were in the ordinary course of business and were conducted on an arms length basis. - The term of the agreement shall be for a period of 10 years commencing from 1st September 2020. - During the term of this Agreement, the Company shall be the exclusive supplier of pharmaceutical and general wellness Products including private label products to APL (Purchaser). - The Products supplied by the Company shall be utilized by APL only for the purpose of retail sale to the Customers in compliance with the terms and conditions set out in the Agreement.	Approval of Audit Committee : 14th November 2018 Approval of Board : 14th November 2018	Nil

For and on behalf of the Board of Directors

Place : Chennai

Date : July 21, 2021

Dr. Prathap C Reddy

Executive Chairman

ANNEXURE - A TO THE DIRECTORS' REPORT

Annual Report on CSR activities

1.	**Brief outline on CSR Policy of the Company**	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
2.	**Composition of CSR Committee**	

Sl. No.	Name of the Director	Designation / Nature of Directorship	Number of meetings of CSR Committee held during the year	Number of meetings of CSR Committee attended during the year.
1	Dr. Prathap C Reddy	Chairman	2	2
2.	Smt. Preetha Reddy	Member	2	2
3.	Smt. Sangita Reddy	Member	2	2
4.	Shri. MBN Rao	Member	2	2
5.	Dr. Murali Doraiswamy	Member	2	2

3.	**Provide the web-link where the composition of CSR Committee, CSR Policy and CSR Projects approved by the board are disclosed on the website of the Company**	
	Composition of CSR Committee	https://www.apollohospitals.com/apollo_pdf/board-committees.pdf
	CSR Policy	https://www.apollohospitals.com/apollo_pdf/csr-policy.pdf
	CSR Projects approved by the board	https://www.apollohospitals.com/corporate/sustainability/csr-initiatives/

4. **Provide the details of Impact assessment of CSR Projects carried out in pursuance of sub-Rule (3) of rule 8 of the Companies (Corporate Social responsibility Policy) Rules 2014, if Applicable (attach the report)**

The Company has been conducting internal impact assessments to monitor and evaluate its strategic CSR programs. The Company takes cognizance of sub-rule (3) of rule 8 of the Companies CSR Policy Rules 2014 and has initiated steps to conduct impact assessment of CSR projects through an independent agency. However, there are no projects undertaken or completed after January 22, 2021, for which the impact assessment report is applicable for FY 2021

5. **Details of the amount available for set off in pursuance of sub-rule (3) of rule 7 of the Companies (Corporate Social responsibility Policy) Rules 2014 and amount required for set off for the financial year, if any**

Sl. No.	Financial Year	Amount available for set-off from preceding financial years	Number of meetings of CSR Committee held during the year
NIL			

6.	**Average net profit of the Company as per Section 135 (5) of the Companies Act, 2013**		₹4,557.80 million
7.	(a)	**Two percent of average net profits of the Company as per section 135 (5) of the Companies Act, 2013**	₹91.16 million
	(b)	**Surplus arising out of the CSR projects or programmes or activities of the previous financial years**	NIL
	(c)	**Amount required to be set off for the financial year, if any**	NIL
	(d)	**Total CSR Obligation for the financial year (7a + 7b)**	₹91.16 million

8. **(a) CSR amount spent or unspent for the Financial year :**

Total Amount Spent for the financial year (₹in million)	Amount Unspent (in ₹)				
	Total amount transferred to Unspent CSR Account as per Section 135 (6)		Amount transferred to any fund specified under schedule VII as per second proviso to section 135(5)		
	Amount	Date of Transfer	Name of the Fund	Amount	Date of Transfer
104.19	Nil	-	-	Nil	-

(b) Details of CSR amount spent against ongoing Projects for the financial year

(1) Sl. No	(2) Name of the Projects	(3) Item from the list of activities in schedule VII to the act	(4) Local area (Yes/No)	(5) Location of the projects: State	(5) Location of the projects: District	(6) Project duration	(7) Amount allocated for the project (₹in million)	(8) Amount Spent in the current financial year (₹in million)	(9) Amount transferred to unspent CSR Account for the project as per section 135 (6) (₹in million)	(10) Mode of Implementation Direct (Yes/No)	(11) Mode of Implementation Through implementing Agency: Name	(11) Mode of Implementation Through implementing Agency: CSR Registration number
1.	Rural Development	(i), (ii) (x)	No	Andhra Pradesh	Chittoor	Ongoing	10.00	10.00	Nil	No	Total Health	CSR00001354
2.	Education and Skill Development	(ii)	No	Andhra Pradesh	Chittoor	Ongoing	5.00	5.00	Nil	No	Aragonda Apollo Medical and Educational Research Foundation	CSR00000491
3.	Providing Free Treatment to frontline forest officials referred by World Wild Life Fund for Nature India	(i)	Yes	Pan India		Ongoing	5.00	5.00	Nil	No	Apollo Hospitals Charitable Trust	CSR00000457
4.	Healthcare Research	(i)	Yes	Pan India		Ongoing	10.00	10.00	Nil	No	Apollo Hospitals Educational and Research Foundation	CSR00004736
5.	Running Medical Centres providing free treatment	(i)	Yes	Pan India		Ongoing	23.46	23.46	Nil	Yes	-	-
6.	Apollo Aushad – Distribution of medicines to Geriatric Centres and Old Aged Homes	(i)	Yes	Pan India		Ongoing	26.41	26.41	Nil	Yes	-	-
7.	Re-construction of Primary Healthcare Centre building run by Government of Kerala	(i)	No	Kerala	Kozhikode	4 years	14.94	14.94	Nil	Yes	-	-
	Total						94.81	94.81				

(c) Details of CSR amount spent against other than ongoing projects for the financial year

(1) Sl. No.	(2) Name of the project	(3) Item from the list of activities in schedule VII to the Act	(4) Local area (Yes / No)	(5) Location of the Project: State	(5) Location of the Project: District	(6) Amount spent for the project (₹in million)	(7) Mode of implement-tation on Direct (Yes/No)	(8) Mode of implementation Through implementing Agency: Name	(8) Mode of implementation Through implementing Agency: CSR Registration number
1.	COVID Support – RT-PCR Lab at District Hospitals, Chittoor	(i)	No	Andhra Pradesh	Chittoor	3.38	Yes	-	-
2.	Education	(ii)	Yes	Chennai	Tamil Nadu	0.50	No	Rhapsody Music Foundation	
3.	Healthcare	(i)	No	Hyderabad	Telengana	0.50	No	Prajnopaya Foundation Charitable Society	
4.	Digital Infrastructure	(ii)	No	Pan India	Telengana	5.00	No	Indian Software Production Industry Round Table Foundation	CSR00001434
	Total					9.38			

(d)	Amount spent in Administrative Overheads	
(e)	Amount spent on Impact Assessment, if Applicable	Nil
(f)	Total amount spent for the Financial year (8b+8c+8d+8e)	₹104.19 million

(g) Excess amount for set off if any :

Sl. No.	Particulars	Amount (₹in Million)
(i)	Tow percent of average net profit of the company as per section 135 (5)	₹91.16 million
(ii)	Total amount spent for the Financial year	₹104.19 million
(iii)	Excess amount spent for the financial year [(ii) – (i)]	₹13.03 million
(iv)	Surplus arising out of the CSR projects or programmes or activities of the previous financial years, if any	Nil
(v)	Amount available for set off in succeeding financial years [(iii) – (iv)]	₹13.03 million

9 (a) Details of Unspent CSR amount for the preceding three financial years :

Sl. No.	Preceding Financial Year	Amount transferred to Unspent CSR Account under section 135 (6) (₹in million)	Amount Spent in the reporting Financial year (₹in million)	Amount transferred to any fund specified under Schedule VII as per section 135 (6), if any: Name of the Fund	Amount (₹in million)	Date of transfer	Amount remaining to be spent in succeeding financial years (₹in million)
Nil							

(b) Details of CSR amount spent in the financial year for ongoing projects of the preceding financial year(s) :

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Sl. No.	Project ID	Name of the Project	Financial Year in which the project was commenced	Project duration	Total amount allocated for the project (₹in million)	Amount spent on the project in the reporting Financial Year	Cumulative amount spent on the project in the reporting financial year (₹in million)	Status of the Project completed / On going
1	Rural Development	Rural Development – Total Health	FY 2014	Ongoing	10.00	10.00	131.19	Ongoing
2	Education and Skill Development	Education – Aragonda Apollo Medical Educational and Research Foundation	FY 2014	Ongoing	5.00	5.00	36.02	Ongoing
3	Healthcare Research	Research in Healthcare – Apollo Hospitals Educational and Research Foundation	FY 2014	Ongoing	10.00	10.00	52.90	Ongoing
4	Healthcare	Providing Free Treatment to frontline forest officials referred by World Wild Life Fund for Nature India – Apollo Hospitals Charitable Trust	FY 2014	Ongoing	5.00	5.00	23.47	Ongoing
5	Healthcare	Running Medical Centres for providing free treatment	FY 2014	Ongoing	26.00	23.46	179.47	Ongoing
6	Healthcare	Apollo Aushad – Distribution of medicines to Geriatric Centres and Old Aged Homes	FY 2014	Ongoing	27.00	26.41	110.33	Ongoing
7	Healthcare Infrastructure	Re-construction of Primary Healthcare Centre building run by Government of Kerala	FY 2019	4 years	37.00	14.94	19.72	Ongoing
Total						**94.81**	**553.10**	

10. In case of creation or acquisition of capital asset, furnish the details relating to the asset so created or acquired through CSR spent in the financial year (asset wise details)

(a)	Date of creation or acquisition of the capital asset(s)	None
(b)	Amount of CSR spent for creation or acquisition of capital asset	Nil
(c)	Details of the entity or public authority or beneficiary under whose name such capital asset is registered, their Address etc.,	Not Applicable
(d)	Provide details of the capital asset(s) created of acquired (including complete address and location of the capital asset).	Not Applicable

11	**Specify the reason(s), if the company has failed to spend two per cent of the average net profit as per section 135(5)**	Not Applicable

Sd/-
Smt. Suneeta Reddy
Managing Director

Sd/-
Dr. Prathap C Reddy
(Chairman CSR Committee).

Place : Chennai
Date : July 21, 2021

ANNEXURE - B TO THE DIRECTORS' REPORT

SECRETARIAL AUDIT REPORT FOR THE FINANCIAL YEAR ENDED 31ST MARCH 2021

[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 a 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") during the financial year from 1st April, 2020 to 31st March, 2021 (the year/ audit period/ period under review).

We conducted the Secretarial audit in a manner that provided us a reasonable basis for evaluating the Company's corporate conducts/ statutory compliances and expressing our opinion thereon.

We are issuing this report based on our verification of the Company's books, papers, minute books, forms and returns filed and other records maintained by the Company, the information provided by the Company, its officers, agents and authorised representatives during the conduct of secretarial audit, the explanations and clarifications given to us and the representations made by the Management and considering the relaxations granted by the Ministry of Corporate Affairs and Securities and Exchange Board of India warranted due to the spread of the COVID-19 pandemic, we hereby report that in our opinion, the Company has during the audit period covering the financial year ended on March 31, 2021, generally 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:

1.1 We have examined the books, papers, minute books, forms and returns filed and other records made available to us and maintained by the Company for the financial year ended on March 31, 2021 according to the applicable provisions of:

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

(ii) Secretarial Standards (SS-1) on "Meetings of the Board of Directors" and Secretarial Standards (SS-2) on "General Meetings" issued by the Institute of Company Secretaries of India;

(iii) The Securities Contract (Regulation) Act, 1956 and the Rules made thereunder;

(iv) The Depositories Act, 1996 and the Regulations bye-laws framed thereunder;

(v) Foreign Exchange Management Act, 1999 and the Rules and regulations made there under to the extent of Foreign Direct Investment, Overseas Direct Investment, Current Account transactions, import and export of good and services;

(vi) 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 (Substantial Acquisition of Shares and Takeovers) Regulations, 2011;

b. The Securities and Exchange Board of India (Prohibition of Insider Trading) Regulations, 2015;

c. The Securities and Exchange Board of India (Registrars to an Issue and Share Transfer Agents) Regulations, 1993 regarding the Companies Act, 2013 and dealing with clients;

d. The Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulation, 2015

e. The Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2018;

f. The Securities and Exchange Board of India (Issue and Listing of Debt Securities) Regulation, 2008.

(vii) The following laws are specifically applicable to the Company:

1.	Atomic Energy Act, 1962 and Atomic Energy (Radiation Protection) Rules, 2004
2.	Blood Bank Regulations under Drugs and Cosmetics Act, 1940 & NACO Guidelines.
3.	The Clinical Establishments (Registration and Regulation) Act, 2010
4.	National Medical Commission Act, 2019
5.	The National Commission for Allied and Healthcare Professions Act, 2021
6.	The Dentists Act, 1948
7.	The Indian Nursing Council Act, 1947
8.	The Pharmacy Act, 1948
9.	Pharmacy Council of India (Pharmacy Practice Regulations 2015)
10.	Drugs and Cosmetics Act, 1940 and Rules, 1945
11.	Birth and Death and Marriage Registrations Act, 1886
12.	Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954
13.	Drugs and Magical Remedies Rules, 1955
14.	Epidemic Diseases Act, 1897
15.	Ethical guidelines for Biomedical Research on Human Subjects
16.	Excise Permit (For Storage of Spirit) under Central Excise Act, 1956
17.	Legal Metrology Act, 2009 and Rules, 2011
18.	Medical Termination of Pregnancy Act, 1971 and Rules, 2003
19.	Medical Termination of Pregnancy Regulations, 2003
20.	Mental Healthcare Act, 2017
21.	Narcotic Drugs and Psychotropic Substances Act, 1985 and Rules, 1985
22.	Narcotic Drugs and Psychotropic Substances
23.	Poisons Act, 1919
24.	Pre-Conception and Prenatal Diagnostic Techniques Act, 1994
25.	Pre-Conception and Prenatal Diagnostic Techniques, Prohibition of Sex Selection Rules, 1996
26.	Prevention of Illicit Traffic in Narcotics Drugs Act, 1988
27.	Prohibition of Smoking Act, 2008
28.	The Static and Mobile Pressure Vessels (Unfired) Rules, 2016
29.	The Bio Medical Waste Management Rules, 2016
30.	Transplantation of Human Organs and Tissues Act, 1994
31.	Transplantation of Human Organs and Tissues Rules, 1995 and 2014
32.	Food Safety and Standards Rules, 2011 and Food Safety and Standards (Licensing and Registration of Food Businesses) Regulations, 2011
33.	Registration of Foreigners Act, 1939 and the Registration of Foreigners Rules, 1992,
34.	Copyright Act, 1976
35.	Patent Act, 1970
36.	Trademark Act, 1999

1.2 In relation to the period under review, the Company has, to the best of our knowledge and belief and based on the records, information, explanations and representations furnished to us, complied with the laws mentioned in clause (i) to (vi) of paragraph 1.1. Further the Company in general has complied with the laws specifically applicable to the Company mentioned in sub-paragraph (vii) of paragraph 1.1.

1.3 We are informed that, during/ in respect of the year no events have occurred which required the Company to comply with the following laws/ rules/ regulations and consequently was not required to maintain any books, papers, minutes books or other records or file any forms/ returns under:

a. The Securities and Exchange Board of India (Delisting of Equity Shares) Regulation, 2009.

b. The Securities and Exchange Board of India (Buyback of Securities) Regulation, 2018.

c. The Securities and Exchange Board of India (Share Based Employee Benefits), 2014;

2. Board Processes:

We further report that:

2.1 The Board of Directors of the Company is duly constituted with a proper balance of Executive Directors, Non-Executive Directors and Independent Directors.

2.2 There were changes in the composition of the Board of Directors and it has been carried out in compliance with the provisions of the Act during the period under review.

2.3 Adequate notice is given to all directors to schedule the Board Meetings atleast seven days in advance, agenda and detailed notes on agenda were also circulated to the Board members prior to the meetings.

2.4 A system exists for seeking and obtaining further information and clarifications on the agenda items before the meetings and for meaningful participation at the meetings; and

2.5 All decisions at the Board Meetings and Committee Meetings were 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.

3. Compliance mechanism:

We further report that:

3.1 There are adequate systems and processes in the Company commensurate with its size and operations to monitor and ensure compliance with applicable laws including labour laws, competition law, environmental laws, and other laws specifically applicable to the Company.

3.2 The compliance by the Company of applicable finance laws like Direct and Indirect tax laws has not been reviewed in this audit since the same have been subject to review by Statutory Financial Auditor and other designated professionals.

4. Specific Events/ actions:

We further report that during the audit period the following specific events/ actions having a major bearing on the Company's affairs in pursuance of the above referred Laws, Rules, Regulations, Guidelines, Standards, etc took place:

A. The Company entered into a Scheme of Arrangement with its shareholders and Apollo Pharmacies Limited for demerger and transfer of its front-end Business of the Stand-Alone Pharmacy Business segment to Apollo Pharmacies Limited which received the sanction of the National Company Law Tribunal, Chennai Bench vide order dated 3rd August 2020 and the Scheme came into effect from 1st September 2020.

B. Dr.T. Rajgopal, Independent Director of the Company intimated that he would be resigning his position as a Director with effect from 1st April, 2021 since he would be taking up a senior management position in another healthcare entity.

C. The Company exercised call options on 3,000 Nos 8.70% Secured Redeemable Non-Convertible Debentures (NCDs) of ₹1,000,000/- each aggregating to ₹3,000 milliion on 3rd September 2020 and redeemed the same on 7th October 2020.

D. The Company on January 23, 2021 allotted 4,659,498 Equity Shares of face value ₹5/- each to eligible qualified institutional buyers at the issue price of ₹2,511/- per Equity Share, i.e., at a premium of ₹2,506 per Equity Share aggregating to ₹11,699.99 million. Pursuant to the allotment of the aforesaid Equity Shares, the paid-up equity share capital of the Company increased from ₹695,625,795 consisting of 139,125,159 Equity Shares to ₹718,923,285 consisting of 143,784,657 Equity Shares. The Issue opened on January 18, 2021 and closed on January 22, 2021.

E. The Company at its Board meeting held on 12th February 2021 resolved to terminate and delist the Global Depository Receipts programme. The GDRs are listed on the Luxembourg Stock Exchange (outstanding GDRs were 126,646 representing 0.09% of the paid-up share capital of the Company as on 31st March 2021).

F. The Company entered into a Scheme of Amalgamation with M/s. Apollo Home Healthcare (India) Limited and M/s. Western Hospitals Corporation Private Limited, wholly owned subsidiaries of the Company with the matter being approved at the Board Meeting held on 13th February, 2020. The Board of Directors of the Company on 27th January, 2021 approved a revised Scheme of Amalgamation of the said transferor companies into the Transferee Company under the fast track merger scheme under Section 233 of Companies Act, 2013 and the Merger is under process.

G. The Company acquired 50% equity stake held by Gleneagles Development Pte Ltd, Singapore in Apollo Multi Speciality Hospitals Ltd ("AMSHL" and formerly Apollo Gleneagles Hospital Ltd, Kolkata) in which the Company already held a 50% equity stake at a consideration of ₹4.10 billion. Consequently, AMSHL became a 100% wholly owned subsidiary of the Company.

H. The Company acquired an additional 1% equity stake in Medics International Life Sciences Limited, Lucknow in which it already holds a 50% equity stake for a consideration of ₹39.76 million. Consequent to this, Medics International Life Sciences Limited became a subsidiary of the Company.

For Lakshmmi Subramanian & Associates

Lakshmmi Subramanian
FCS: 3534
CP No: 1087

Place: Chennai
Date : June 23, 2021

ANNEXURE

(To the Secretarial Audit Report of M/s. Apollo Hospitals Enterprise Limited for the financial year ended 31.03.2021)

To

The Members

APOLLO HOSPITALS ENTERPRISE LIMITED

Our Secretarial Audit Report for the financial year ended 31 March 2021 is to be read along with this Annexure.

1. Maintenance of Secretarial records and ensuring compliance with all applicable laws 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 the processes as were appropriate to obtain reasonable assurance about the correctness of the contents of the secretarial records. The verification was done on test basis to ensure that correct facts are reflected in secretarial records. We believe that the processes and practices we followed provide a reasonable basic for our opinion.

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

4. Wherever required, we have obtained the Management representation about financial information, the compliance of law, rules regulations and happening of certain events etc.

5. The compliance of the provisions of laws, rules, regulation, standards specifically applicable to the Company is the responsibility of the management. Our examination was limited to the verification of system implemented by the Company on a test basis.

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

For Lakshmmi Subramanian & Associates

Lakshmmi Subramanian
FCS: 3534
CP No: 1087

Place: Chennai
Date : June 23, 2021

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 2020-2021.

- Replacement of CFL Lamps with LED lights in Apollo Hospitals Chennai and Madurai which helped to achieve a saving of ₹1 million.
- Phasing out of conventional AHU Blowers and replacing them with EC plug fans.
- Installation of timers to regulate the A/c units and switching on alternate lights at coridors.
- Controlling usage of Air Conditioners in the non-occupied areas.
- Phasing out of split Air Conditioner units with chilled water FCU to reduce power consumption and capital cost.
- The Company sourced power generated from alternate sources like wind mills, solar energy etc., thereby achieving substantial savings.

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

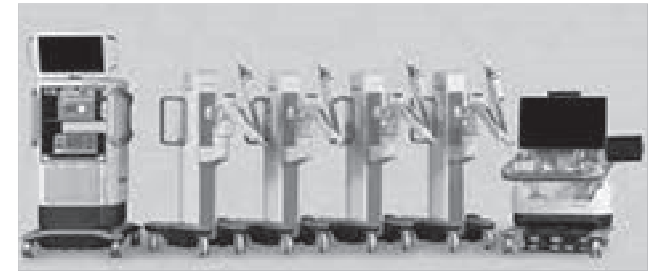
Over the years, your Company has brought into the country the best that the world has to offer in terms of technology.

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.

Da Vinci Xi® Robotic Surgical System

The latest model da Vinci Xi® Robotic Surgical System has been acquired at Apollo Proton Cancer Center to capitalize on its advantages over earlier models being used in Group Hospitals. The new system provides a natural extension of the surgeon's eyes and hands into the patient. Highly-magnified 3D HD Vision ensures that surgeons can see the surgical site with true depth perception and crystal-clear vision. Wristed instruments bend and rotate far beyond the human hand. The da Vinci Xi Surgical System is designed to be fluorescence imaging capable. Firefly Fluorescence Imaging provides real-time visualization and assessment of vessels, bile ducts and tissue perfusion. The camera, endoscope, and cable are integrated into one handheld design. At less than half the weight, the scope allows for placement on any of the four arms, providing increased flexibility for visualizing the surgical site. Tremor filtration and Intuitive® Motion technologies allow the surgeon to operate with steady, natural motion. Surgical cart can be placed at any position around the patient - allowing for four-quadrant access. Redesigned arms offer greater range of motion. The laser targeting system positions the boom and ensures optimal configuration for the procedure. The da Vinci Xi Surgical System is designed to seamlessly integrate future innovations, such as advanced instrumentation, surgical skills simulation, software upgrades, and other advancements in one dynamic platform.

Robotic surgical system



The newly developed Robotic surgical system by M/s.Medtronic USA has been ordered for Apollo Main Hospital, Chennai. This Model HUGO Ras Platform has four robotic arms for holding instruments / endoscopes. The Surgeons console with 3D display will enable the surgeon to view and control movement of instruments during surgery. For training of surgeons a Simulator with Virtual Reality software has been provided so that surgeons in multiple specialities can be trained to use the system.

640 slice CT scan

The latest model 640 slice CT scanner from M/s.Canon Medical Japan has been installed at Apollo Heart Center Chennai. The Aquilion One Prism Edition is full loaded with advanced software for whole body applications including deep learning and artificial intelligence. Without compromising on speed or dose high quality images are obtained with sharp high contrast resolution and clear low contrast detectability. In addition to spectral imaging capabilities, the system has cardiac, neuro , orthopaedic applications, 4D analysis, TAVR planning, Brain and body perfusion studies.

64 slice simulation CT Scan

In order to aid in precision radiotherapy planning the latest generation 64 slice simulation CT scanner from Siemens – Somatom GO SIM has been ordered for Apollo Cancer Institute, Teynampet, Chennai. The patient friendly large bore size accommodates patient positioning accessories and has integrated moving lasers mounted on the gantry for location of lesions in the patient. The scanner workflow is controlled using a mobile tablet so the clinician can stay close to the patient during setup. Advanced software include Dual energy applications, 4D respiratory motion management and 4D Neuro perfusion studies.

Foreign Exchange Earnings & Outgo

Foreign Exchange Earnings : ₹628 million (This is exclusive of rupee payments made by Non-Resident Indian and Foreign Nationals)

Foreign Exchange Outgo : ₹461 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 2021

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
		BSE Limited, Mumbai, Stock Code : 508869
vii.	Name, Address & contact details of the Registrar & Transfer Agent, if any	Integrated Registry Management Services Private Limited 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
1	Healthcare Services & Pharmacies	86100	100

III Particulars of Holding, Subsidiary & Associate Companies

Sr.	Name & Address of the Company	CIN/GLN	Subsidiary/ Associate/ Holding	% of Shares Held	Section Applicable
1	Apollo Home Healthcare (India) Limited Ali Towers, 3rd Floor, No. 55 Greams Road, Chennai - 600 006	U85110TN1995PLC031663	Subsidiary	100.00	2(87)
2	A.B. Medical Centers Limited No. 159 Poonamallee High Road, 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, 3rd 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 Hospital (UK) Limited First Floor, Kirkland House, 11-15, Peterborough Road, Harrow, Middlesex, HA1 2AX, United Kingdom	NA	Subsidiary	100.00	2(87)
7	Apollo Hospitals Singapore Pte Limited 50, Raffles Place, Singapore Land Tower # 30, Singapore-048623	NA	Subsidiary	100.00	2(87)
8	Imperial Hospital and Research Centre Limited No. 154/11 Bannerghatta Road, Belakahalli, Bengaluru 560 076	U85110KA1991PLC011781	Subsidiary	90.00	2(87)
9	Apollo Nellore Hospital Limited No. 16/111/1133, Muthukur Road, Pinakini Nagar, Nellore - 524004	U85110TN1986PLC072193	Subsidiary	80.87	2(87)
10	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)
11	Apollo Health and Lifestyle Limited (AHLL) 7-1-617/A, 615 and 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad - 500 038.	U85110TG2000PLC115819	Subsidiary	68.25	2(87)
12	Assam Hospitals Limited Lotus Tower, GS Road, Ganeshguri, Guwahati - 781 005, Assam	U85110AS1997PLC004987	Subsidiary	65.85	2(87)
13	Apollo Home Healthcare Limited Ali Towers, 3rd Floor, No.55 Greams Road, Chennai - 600 006	U85100TN2014PLC095340	Subsidiary	89.42	2(87)
14	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)
15	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)
16	Medics International Lifesciences Limited Plot No. KBC-31, Sector-B LDA Colony, Kanpur Road, Lucknow – 226 012	U85191UP2011PLC043154	Subsidiary	51.00	2(87)

Sr.	Name & Address of the Company	CIN/GLN	Subsidiary/ Associate/ Holding	% of Shares Held	Section Applicable
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 Sugar Clinics Limited 7-1-617/A, 615 and 616 Imperial Towers, 7th Floor, Ameerpet, Hyderabad – 500 038	U85110TG2012PLC081384	Step-down subsidiary (subsidiary of AHLL)	80.00	2(87)
20	Apollo Speciality Hospitals Pvt Ltd 7-1-617/A, 615 and 616 Imperial Towers, 7th Floor, Ameerpet, Hyderabad – 500 038	U85100TG2009PTC099414	Step-down subsidiary (subsidiary of AHLL)	100.00	2(87)
21	Alliance Dental Care Limited 7-1-617/A, 615 and 616 Imperial Towers, 7th Floor, Ameerpet, Hyderabad – 500 038	U85120TG2002PLC135199	Step-down subsidiary (subsidiary of AHLL)	69.09	2(87)
22	Apollo Dialysis Pvt Limited 7-1-617/A, 615 and 616 Imperial Towers, 7th Floor, Ameerpet, Hyderabad – 500 038	U85100TG2014PTC135198	Step-down subsidiary (subsidiary of AHLL)	69.06	2(87)
23	Apollo CVHF Limited Plot No. 1A, Bhat GIDC Estate, Bhat, Gandhinagar, Gujarat – 382428	U74140GJ2016PLC086449	Step-down subsidiary (subsidiary of AHIL)	66.67	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	Surya Fertility Centre Private Limited 7-1-617/A, 615 and 616 Imperial Towers, 7th Floor, Ameerpet, Hyderabad – 500 038	U85110TG2009PTC063217	Step-down subsidiary of AHLL	100.00	2(87)
28	Kshema Healthcare Private Limited 7-1-617/A, 615 and 616 Imperial Towers, 7th Floor, Ameerpet, Hyderabad – 500 038	U85110TG2006PTC119295	Step-down subsidiary of AHLL	100.00	2(87)
29	Apollo Multi Speciality Hospitals Limited (formerly known as Apollo Gleneagles Hospitals Limited) No. 58 Canal Circular Road, Kolkata - 700 054	U33112WB1988PLC045223	Joint Venture	50.00	2(6)
30	Apollo Gleneagles PET-CT Private Limited Apollo Hospitals Complex, Jubilee Hills, Hyderabad - 500 033	U85110TN2004PTC052796	Joint Venture	50.00	2(6)
31	ApoKos Rehab Private Limited 4th Floor, Apollo Hospitals Building, Jubilee Hills, Hyderabad - 500 033	U85191TG2012PTC084641	Joint Venture	50.00	2(6)
32	Family Health Plan Insurance (TPA) Limited Srinilaya Cyber Spazio, Ground Floor, Road No.2, Banjara Hills, Hyderabad – 500034	U85110TG1995PLC13393	Associate	49.00	2(6)
33	Stemcyte India Therapautics Private Limited Apollo Hospitals Complex, Plot No. 1A, GIDC Estate, Bhat Village, Gandhi Nagar, Gujarat – 382 428	U85100GJ2008FTC052859	Associate	24.50	2(6)
34	Indraprastha Medical Corporation Limited Sarita Vihar, Delhi Mathura Road, New Delhi – 110 076	L24232DL1988PLC030958	Associate	22.03	2(6)
35	Apollo Medicals Private Limited No. 19 Bishop Gardens, Raja Annamalaipuram, Chennai – 600 028	U85300TN2018PTC124435	Associate	25.50	2(6)

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

(1) Category - wise Shareholding

Category of Shareholders	No. of Shares held at the beginning of the year (As on 1st April 2020)				No. of Shares held at the end of the year (As on 31st March 2021)				% Change during the year
	Demat	Physical	Total	% of Total Shares	Demat	Physical	Total	% of Total Shares	
A. Promoters									
(1) Indian									
a) Individual/HUF	15,572,785	-	15,572,785	11.19	15,578,974	-	15,578,974	10.84	(0.35)
b) Central Govt.or State Govt.	-	-	-	-	-	-	-	-	-
c) Bodies Corporates	27,296,028	-	27,296,028	19.62	27,296,028	-	27,296,028	18.98	(0.64)
d) Bank/FI	-	-	-	-	-	-	-	-	-
e) Any other	-	-	-	-	-	-	-	-	-
SUB TOTAL (A) (1)	**42,868,813**	**-**	**42,868,813**	**30.81**	**42,875,002**	**-**	**42,875,002**	**29.82**	**(0.99)**
2) Foreign									
a) NRI- Individuals	-	-	-	-	-	-	-	-	-
b) Other Individuals	-	-	-	-	-	-	-	-	-
c) Bodies Corp.	-	-	-	-	-	-	-	-	-
d) Banks/FI	-	-	-	-	-	-	-	-	-
e) Any other	-	-	-	-	-	-	-	-	-
SUB TOTAL (A) (2)	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total Shareholding of Promoter (A)= (A)(1)+(A)(2)	**42,868,813**	**-**	**42,868,813**	**30.81**	**42,875,002**	**-**	**42,875,002**	**29.82**	**(0.99)**

Category of Shareholders	No. of Shares held at the beginning of the year (As on 1st April 2020)				No. of Shares held at the end of the year (As on 31st March 2021)				% Change during the year
	Demat	Physical	Total	% of Total Shares	Demat	Physical	Total	% of Total Shares	
B. Public Shareholding									
(1) Institutions									
a) Mutual Funds	12,374,634	-	12,374,634	8.89	8,503,858	-	8,503,858	5.91	(2.98)
b) Alternate Investment Funds	8,500	-	8,500	0.01	129,320	-	129,320	0.09	0.08
c) Banks/FI	5,490,615	3,538	5,494,153	3.94	96,912	3,538	100,450	0.07	(3.87)
c) Central govt / State Govt.	323,708	-	323,708	0.23	323,708	-	323,708	0.23	-
d) Venture Capital Fund	-	-	-	-	-	-	-	-	-
e) Insurance Companies	2,694,190	-	2,694,190	1.94	4,571,412	-	4,571,412	3.18	1.24
f) FIIs	65,273,702	-	65,273,702	46.92	78,372,689	-	78,372,689	54.51	7.59
g) Foreign Venture	-	-	-	-					
Capital Funds									
h) Others	-	-	-	-	-	-	-	-	-
SUB TOTAL (B)(1)	**86,165,349**	**3,538**	**86,168,887**	**61.93**	**91,997,899**	**3,538**	**92,001,437**	**63.99**	**2.06**
2) Non Institutions									
a)Bodies corporates	419,821	46,650	466,471	0.34	309,448	43,150	352,598	0.25	(0.09)
b) Individuals									
i) Individual shareholders holding nominal share capital upto ₹2 lakh	4,942,415	1,284,688	6,227,103	4.48	4,090,521	1,221,412	5,311,933	3.69	(0.79)
ii) Individuals shareholders holding nominal share capital in excess of ₹2 lakh	703,105	40,250	743,355	0.53	496,063	40,250	536,313	0.37	(0.16)
c) Others	1,782,413	827,026	2,609,439	1.88	1,786,966	793,762	2,580,728	1.79	(0.09)
SUB TOTAL (B)(2)	**7,847,754**	**2,198,614**	**10,046,368**	**7.23**	**6,682,998**	**2,098,574**	**8,781,512**	**6.10**	**(1.13)**
Total Public Shareholding	**94,013,103**	**2,202,152**	**96,215,255**	**69.16**	**98,680,897**	**2,102,112**	**100,783,009**	**70.09**	**0.93**
(B) = (B) (1) + (B) (2)									
Total (A) + (B)	**136,881,916**	**2,202,152**	**139,084,068**	**99.97**	**141,555,899**	**2,102,112**	**143,658,011**	**99.91**	**(0.06)**
C. Shares held by Custodian for GDRs & ADRs									
i) Promoter and Promoter Group	-	-	-	-					
ii) Public	41,091	-	41,091	0.03	126,646	-	126,646	0.09	0.06
Total Public Shareholding (C)	41,091	-	41,091	0.03	126,646	-	126,646	0.09	0.06
Grand Total (A+B+C)	**136,923,007**	**2,202,152**	**139,125,159**	**100**	**141,682,545**	**2,102,112**	**143,784,657**	**100**	**-**

(ii) Shareholding of Promoters

SI No.	Name	Shareholding at the beginning of the year (As on 01st April 2020)			Shareholding at the end of the year (As on 31st March 2021)			% change in share holding during the year
		No. of Shares	% of total shares of the Company	% of shares pledged/	No. of Shares	% of total shares of the Company*	% of shares pledged/	
1	Dr. Prathap C Reddy	245,464	0.17	-	245,464	0.17	-	
2	Smt. Sucharitha P Reddy	169,800	0.12	-	169,800	0.12	-	
3	Smt. Preetha Reddy	2,193,915	1.58	1.46	2,193,915	1.53	1.36	-
4	Smt. Suneeta Reddy	4,381,695	3.14	3.05	4,381,695	3.05	2.31	-
5	Smt. Shobana Kamineni	2,239,952	1.61	-	2,239,952	1.56	-	-
6	Smt. Sangita Reddy	2,432,508	1.75	-	2,432,508	1.69	-	-
7	Shri. Karthik Anand Reddy	339,050	0.24	-	345,238	0.24	-	-
8	Shri. Harshad Reddy	327,900	0.24	-	327,900	0.23	-	-
9	Smt. Sindoori Reddy	318,600	0.22	-	318,600	0.22	-	-
10	Shri. Aditya Reddy	10,200	0.01	-	10,200	0.01	-	-
11	Smt. Upasana Kamineni	217,276	0.16	-	217,276	0.15	-	-
12	Shri. Puansh Kamineni	212,200	0.15	-	212,201	0.15	-	-
13	Smt. Anuspala Kamineni	259,174	0.19	-	259,174	0.18	-	-
14	Shri. Konda Anindith Reddy	230,200	0.17	-	230,200	0.16	-	-
15	Shri. Konda Vishwajit Reddy	222,300	0.16	-	222,300	0.15	-	-
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	1.13	1,577,350	1.10	1.08	-
21	PCR Investments Ltd	27,223,124	19.57	5.64	27,223,124	18.93	3.58	-
22	Obul Reddy Investments Ltd	11,200	0.01	-	11,200	0.01	-	-
23	Indian Hospitals Corporation Ltd	61,704	0.04	-	61,704	0.04	-	-
	Total	42,868,813	30.81	11.28	42,875,002	29.82	8.33	

* Change in % of shareholding of promoters due to allotment of equity shares to Qualified Institutional Buyers (QIBs) under Qualified Institutional Placement (QIP).

(iii) Change in Promoters' Shareholding

SI No.	Name	Shareholding at the beginning of the year (As on 01st April 2020)		Cumulative shareholding during the year	
		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	245,464	0.17	245,464	0.17
	At the end of the year			245,464	0.17
2	Smt. Sucharitha P Reddy				
	At the beginning of the year	169,800	0.12	169,800	0.12
	At the end of the year			169,800	0.12

Sl No.	Name	Shareholding at the beginning of the year (As on 01st April 2020)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
3	Smt. Preetha Reddy				
	At the beginning of the year	2,193,915	1.58	2,193,915	1.53
	At the end of the year			2,193,915	1.53
4	Smt. Suneeta Reddy				
	At the beginning of the year	4,381,695	3.14	4,381,695	3.05
	At the end of the year			4,381,695	3.05
5	Smt. Shobana Kamineni				
	At the beginning of the year	2,239,952	1.61	2,239,952	1.56
	At the end of the year			2,239,952	1.56
6	Smt. Sangita Reddy				
	At the beginning of the year	2,432,508	1.75	2,432,508	1.69
	At the end of the year			2,432,508	1.69
7	Shri. Karthik Anand Reddy				
	At the beginning of the year	339,050	0.24	339,050	0.24
	Market Purchase	6,188		345,238	0.24
	At the end of the year			345,238	0.24
8	Shri. Harshad Reddy				
	At the beginning of the year	327,900	0.24	327,900	0.23
	At the end of the year			327,900	0.23
9	Smt. Sindoori Reddy				
	At the beginning of the year	318,600	0.24	318,600	0.22
	At the end of the year			318,600	0.22
10	Shri. Aditya Reddy				
	At the beginning of the year	10,200	0.01	10,200	0.01
	At the end of the year			10,200	0.01
11	Smt. Upasana Kamineni				
	At the beginning of the year	217,276	0.16	217,276	0.15
	At the end of the year			217,276	0.15
12	Shri. Puansh Kamineni				
	At the beginning of the year	212,200	0.15	212,200	0.15
	Market Purchase			1	
	At the end of the year			212,201	0.15
13	Smt. Anuspala Kamineni				
	At the beginning of the year	259,174	0.19	259,174	0.18
	At the end of the year			259,174	0.18
14	Shri. Konda Anindith Reddy				
	At the beginning of the year	230,200	0.17	230,200	0.16
	At the end of the year			230,200	0.16

Sl No.	Name	Shareholding at the beginning of the year (As on 01st April 2020)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
15	Shri. Konda Vishwajit Reddy				
	At the beginning of the year	222,300	0.16	222,300	0.15
	At the end of the year			222,300	0.15
16	Shri. Konda Viraj Madhav Reddy				
	At the beginning of the year	168,224	0.12	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	1.08
	At the end of the year			1,577,350	1.08
21	PCR Investments Limited				
	At the beginning of the year	27,223,124	19.57	27,223,124	18.93
	At the end of the year			27,223,124	18.93
22	Obul Reddy Investments Ltd				
	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	61,704	0.04	61,704	0.04
	At the end of the year			61,704	0.04

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 01st April 2020)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
1	Schroder International Selection Fund Asian Opportunities				
	At the beginning of the year	3,928,809	2.73	3,928,809	2.73
	At the end of the year			3,928,809	2.73

Sl No.	Shareholders Name	Shareholding at the beginning of the year (As on 01st April 2020)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
2	Aditya Birla Sun Life Trustee Private Limited				
	At the beginning of the year	3,679,948	2.56	3,679,948	2.56
	Bought during the year	510,517	0.35	4,190,465	2.91
	Sold during the year	(2,698,852)	(1.87)	1,491,613	1.04
	At the end of the year			1,491,613	1.04
3	Copthall Mauritius Investment Limited				
	At the beginning of the year	2,827,984	1.97	2,827,984	1.97
	Bought during the year	701.051	0.48	3,529,035	2.45
	Sold during the year	(724,750)	(0.50)	2,804,285	1.95
	At the end of the year			2,804,285	1.95
4	Munchener Ruckversicherungsgesellschaft Aktiengesellschaft In Munchen				
	At the beginning of the year	2,397,380	1.67	2,397,380	1.67
	Sold during the year	(2,397,380)	(1.67)	-	-
	At the end of the year			-	-
5	Veritas Funds PLC on behalf of Veritas Asian Funds				
	At the beginning of the year	2,371,469	1.65	2,371,469	1.65
	Bought during the year	1,452,860	1.01	3,824,329	2.66
	At the end of the year			3,824,329	2.66
6	Touchstone Strategic Trust – Touchstone Sands				
	At the beginning of the year	2,323,926	1.62	2,323,926	1.62
	Bought during the year	1,582,191	1.10	3,906,117	2.72
	At the end of the year			3,906,117	2.72
7	ITPL – Invesco India Business Leaders Fund				
	At the beginning of the year	2,020,868	1.41	2,020,868	1.41
	Bought during the year	873,695	0.60	2,894,563	2.01
	Sold during the year	(2,894,563)	(2.01)	-	-
	At the end of the year			-	-
8	HDFC Life Insurance Company Limited				
	At the beginning of the year	1,787,100	1.24	1,787,100	1.24
	Bought during the year	794,887	0.55	2,581,987	1.79
	Sold during the year	(1,265,679)	(0.87)	1,316,308	0.92
	At the end of the year			1,316,308	0.92

Sl No.	Shareholders Name	Shareholding at the beginning of the year (As on 01st April 2020)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
9	Kotak Funds – India Midcap Fund				
	At the beginning of the year	1,727,388	1.20	1,727,388	1.20
	Sold during the year	(902,236)	(0.63)	825,152	0.57
	At the end of the year			825,152	0.57
10	Vanguard Total International Stock Fund				
	At the beginning of the year	1,639,450	1.14	1,639,450	1.14
	Sold during the year	(421,666)	(0.29)	1,217,784	0.85
	At the end of the year			1,217,784	0.85

(v) Shareholding of Directors and Key Managerial Personnel

Sl No.	Name	Shareholding at the beginning of the year (As on 01st April 2020)		Cumulative shareholding during the year	
		No. of Shares	Cumulative shareholding	No. of Shares	% of total shares of the Company
	DIRECTORS				
1	Dr. Prathap C Reddy				
	At the beginning of the year	245,464	0.17	245,464	0.17
	At the end of the year			245,464	0.17
2	Smt. Preetha Reddy				
	At the beginning of the year	2,193,915	1.58	2,193,915	1.53
	At the end of the year			2,193,915	1.53
3	Smt. Suneeta Reddy				
	At the beginning of the year	4,381,695	3.14	4,381,695	3.05
	At the end of the year			4,381,695	3.05
4	Smt. Shobana Kamineni				
	At the beginning of the year	2,239,952	1.61	2,239,952	1.56
	At the end of the year			2,239,952	1.56
5	Smt. Sangita Reddy				
	At the beginning of the year	2,432,508	1.75	2,432,508	1.69
	At the end of the year			2,432,508	1.69
6	Shri. Vinayak Chatterjee				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-
7	Dr. T. Rajgopal*				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-
8	Dr. Murali Doraiswamy				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-

Sl No.	Name	Shareholding at the beginning of the year (As on 01st April 2020)		Cumulative shareholding during the year	
		No. of Shares	Cumulative shareholding	No. of Shares	% of total shares of the Company
9	Smt. V. Kavitha Dutt				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-
10	Shri. MBN Rao				
	At the beginning of the year	400	-	400	-
	At the end of the year	-	-	400	-
11	Shri Som Mittal**				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-
	KEY MANAGERIAL PERSONNEL				
12	Shri. Krishnan Akhileswaran				
	At the beginning of the year	4	-	4	-
	At the end of the year	-	-	4	-
13	Shri. S.M. Krishnan				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-

* ceased to be a director with effect from 1st April 2021. ** appointed as a director with effect from 21st July 2021.

V INDEBTEDNESS

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

(₹ in million)

		Secured Loans excluding deposits	Unsecured Loans	Deposits	Total Indebtedness
Indebtness at the beginning of the financial year					
i)	Principal Amount	30,297	1,301	2	31,600
ii)	Interest due but not paid			-	
iii)	Interest accrued but not due	216	3	-	219
	Total (i+ii+iii)	30,513	1,304	2	31,819
Change in Indebtedness during the financial year					
	Additions	4,650	400	-	5,050
	Reduction	12,134	1,701	1	13,836
	Net Change	(7,484)	(1,301)	(1)	(8,786)
Indebtness at the end of the financial year					
i)	Principal Amount	22,813	-	1	22,814
ii)	Interest due but not paid	-	-	-	
iii)	Interest accrued but not due	42	-	-	42
	Total (i+ii+iii)	22,855	-	1	22,856

(VI) Remuneration of Directors and Key Managerial Personnel

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

(₹in Million)

Sl.	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. 1961.	57.48	29.12	29.12	29.12	29.12	173.96
	(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
4	Commission						
	as % of profit	-	-	-	-	-	-
	others (specify)	-	-	-	-	-	-
5	Others, please specify	-	-	-	-	-	-
	Total (A)	57.48	29.12	29.12	29.12	29.12	173.96

Ceiling as per the Act ₹176 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.	Particulars of Remuneration	Name of the Directors					Total Amount
		Shri.Vinayak Chatterjee	Dr.T. Rajgopal	Dr. Murali Doraiswamy	Smt.Kavitha Dutt	Shri.MBN Rao	
1	(a) Fee for attending board committee meetings	0.80	1.10	0.80	1.00	1.60	5.30
	(b) Commission	1.25	1.25	1.25	1.25	1.25	6.25
	(c) Others, please specify	-	-	-	-		
	Total (1)	2.05	2.35	2.05	2.25	2.85	11.55
	Other Non Executive Directors						
2	(a) Fee for attending board committee meetings						
	(b) Commission	-	-	-	-		
	(c) Others, please specify.	-	-	-	-		
	Total (2)	-	-	-	-		
	Total (B) = (1+2)	2.05	2.35	2.05	2.25	2.85	11.55
	Total Managerial Remuneration						185.51

Overall Ceiling as per the Act ₹194 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.	22.59	6.62	29.21
	(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	-	-	-
	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	22.59	6.62	29.21

(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			NIL		
Penalty					
Punishment					
Compounding					
C. OTHER OFFICERS IN DEFAULT					
Penalty					
Punishment			NIL		
Compounding					

CORPORATE GOVERNANCE REPORT

I. 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 it's 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 ("the Board") 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, atleast half of the Board should comprise of independent directors. To this end, Independent Directors including an Independent woman director constitute 50 percent of the overall Board at the Company.

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	245,464
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	4,381,695
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	08235560	Independent	Director	-	-
Smt. V. Kavitha Dutt	00139274	Independent	Director	-	-
Shri. MBN Rao	00287260	Independent	Director	-	400
Shri. Som Mittal**	00074842	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 ##	Number of Memberships in Board Committees other than AHEL ##	Name of other listed companies where he/she is a Director	
				Name of the Company	Category
Dr. Prathap C Reddy	5(4)	-	-	1. Indraprastha Medical Corporation Limited	Non Executive Director
Smt. Preetha Reddy	9	1	Member	1. Larsen & Toubro Limited	Independent Director
Smt. Suneeta Reddy	5	2	Member	1. Apollo Sindoori Hotels Limited	Non Executive Director
				2. Indraprastha Medical Corporation Limited	Non Executive Director
Smt. Shobana Kamineni	5	-	-	-	-
Smt. Sangita Reddy	9	-	-	1. Indraprastha Medical Corporation Limited	Non Executive Director
Shri. Vinayak Chatterjee	3	1	Member	1. Indraprastha Medical Corporation Limited	Independent Director
				2. ACC Limited	Independent Director
Dr. T. Rajgopal *	1	-	-	-	-
Dr. Murali Doraiswamy	-	-	-	-	-
Smt. V. Kavitha Dutt	6	2	Member	1. The KCP Limited	Executive Director
				2. DCM Shriram Industries Limited	Independent Director
				3. Centum Electronics Limited	Independent Director
Shri. MBN Rao	7(1)	2	Chairman	1. KG Denim Limited	Independent Director
		4	Member	2. The Ramco Cements Limited	Independent Director
				3. Taj GVK Hotels And Resorts Limited	Independent Director
Shri. Som Mittal **	3	2	Chairman	1.Cyient Limited	Independent director
		1	Member	2. Sheela Foam Limited	Independent director
				3. Tata Airline SIA Limited	Independent direct

* ceased to be a director with effect from 1st April 2021.

** appointed as a director with effect from 21st July 2021.

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

\## Represents Membership/Chairmanship of Audit Committees and Stakeholders'/ Investors' Relationship Committee.

As on 31st March, 2021, 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) Skills/expertise/competence of the Board of Directors

The Company has identified the core skills/expertise/competence of the Board of Directors in the context of its business for it to function effectively.

The details of the core skills/expertise/competence of the individual directors of the Company are as follows:

Name of the Director	Nature of Skills/Expertise						
	Corporate Leadership/ Strategy	Healthcare Experience	Financial Acumen	Diversity	Governance	Technology	Risk Management
Dr. Prathap C Reddy	√	√			√	√	
Smt. Preetha Reddy	√	√			√		√
Smt. Suneeta Reddy	√	√	√		√		√
Smt. Shobana Kamineni	√	√	√		√	√	
Smt. Sangita Reddy	√	√			√	√	
Shri. Vinayak Chatterjee	√		√	√	√	√	√
Dr. T. Rajgopal*	√	√		√	√		√
Dr. Murali Doraiswamy	√	√		√	√	√	
Smt. V. Kavitha Dutt	√		√	√	√		√
Shri. MBN Rao	√		√	√	√		√
Shri Som Mittal**	√		√	√	√	√	√

*ceased to be a director with effect from 1st April 2021** appointed as a director with effect from 21st July 2021.

(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 the 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 2020 to 31st March 2021. The dates on which the meetings were held are as follows:

25th June 2020, 14th September 2020, 8th October 2020, 11th November 2020, 2nd December 2020, 12th February 2021 and 27th March 2021.

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	7	Yes
Smt. Suneeta Reddy	7	7	Yes
Smt. Shobana Kamineni	7	7	Yes
Smt. Sangita Reddy	7	7	Yes
Shri. Vinayak Chatterjee	7	6	Yes
Dr. T. Rajgopal	7	6	No
Dr. Murali Doraiswamy	7	6	Yes
Smt. V. Kavitha Dutt	7	6	Yes
Shri. MBN Rao	7	7	Yes
Shri Som Mittal	NA	NA	NA

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.

(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. The 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 proposed resolutions. Any significant development on the Human Resources/ Industrial Relations front like signing of wage agreement, implementation of VRS scheme etc.
13. Sale of investments, subsidiaries, assets which are material in nature and 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.

Shri. S.M.Krishnan, Vice President and 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 official 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 serves as 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 themselves with the Company's procedures and practices. Independent Directors are also provided the opportunity to visit different Apollo locations to see the operations and to interact with the Company's Employees.

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, 2021 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 26th March 2021 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 with the exception of Dr.T.Rajgopal were present at the Meeting.

1. Composition of Board Committees

Audit Committee	Nomination & 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
Smt. Suneeta Reddy, Member**	Dr. Murali Doraiswamy, Member		Shri. MBN Rao, Member
Shri Vinayak Chatterjee, Member#			Dr. Murali Doraiswamy, Member

* ceased to be a member wef 1st April 2021

** appointed as a member with effect from 17th May 2021 and ceased to be a member with effect from 21st July 2021.

appointed as a member with effect from 21st July 2021.

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	Smt. Preetha Reddy, Member	Smt. Preetha Reddy, Member
Shri. Vinayak Chatterjee, Member	Smt. Suneeta Reddy, Member	Smt. Suneeta Reddy, Member
Dr. Satyabhama, Member	Shri. MBN Rao, Member	
Dr. K. Hariprasad, Member	Dr. Murali Doraiswamy, Member	

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. MBN Rao, Chairman,
2. Dr. T. Rajgopal, Member (ceased to be a member wef 1st April 2021)
3. Smt. V. Kavitha Dutt, Member
4. Smt. Suneeta Reddy, Member (appointed as a member with effect from 17th May 2021 and ceased to be a member with effect from 21st July 2021)

5. Shri. Vinayak Chatterjee, Member (appointed as a member with effect from 21st July 2021)

   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 four times during the f inancial year from 1st April 2020 to 31st March 2021. The dates on which the meetings were held are as follows:

24th June 2020, 14th September 2020, 10th November 2020 and 11th February 2021.

Sl. No.	Name of the Member	Designation	Number of Meetings held	Number of Meetings attended
1	Shri. MBN Rao	Chairman	4	4
2	Dr. T. Rajgopal	Member	4	4
3	Smt. V. Kavitha Dutt	Member	4	4

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, sufficient 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 subsidiaries individually 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 significant 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), 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.

22. To consider and comment on rationale, cost benefits and impact of schemes involving merger, demerger, amalgamations etc. on the Company and its shareholders.

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
2. Shri. MBN Rao, Member
3. Dr. T. Rajgopal, Member (ceased to be a member wef 1st April 2021)
4. Dr. Murali Doraiswamy, Member

b) Meetings of the Nomination & Remuneration Committee

A meeting of the Nomination and Remuneration Committee was held on 25th June 2020 and was attended by the following members

Sl.No.	Name of the Member	Designation	Number of Meetings held	Number of Meetings attended
1	Shri. Vinayak Chatterjee	Chairman	1	1
2	Shri. MBN Rao	Member	1	1
3	Dr. T. Rajgopal	Member	1	1
4	Dr. Murali Doraiswamy	Member	1	1

c) Scope of the Nomination & Remuneration Committee

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

1. Formulation of 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. Identifying 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. Formulation of criteria for evaluation of performance of independent directors and the board of directors.
4. Ensuring 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. Devising a policy on divertisity of board of directors.
6. Review the policy from time to time for selection and appointment of Directors, Key Managerial Personnel and senior management employees and their remuneration.

7. 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 N&R 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.
8. Recommend to the Board on all the payments made, in whatsoever form, to the senior management.
9. Filling vacancies in the Board that might occur from time to time and appointment of additional Non- Executive Directors. In making these recommendations, the N&R Committee shall take into account the special professional skills required for efficient discharge of the Board's functions and fulfill the Company's long term strategy.
10. Recommendation to the Board with regard to re-appointment of directors, liable to retire by rotation, appointment of Executive Directors, and re-appointment of Independent Directors on the basis of the report of performance evaluation of Independent Directors.
11. 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.
12. To determine the need for key man insurance policy for any of the Company's personnel.
13. To carry out the evaluation of performance of Individual Directors and the Board.
14. 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. Non-Executive Independent 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 Directors and their engagement levels.

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. The Board actively reviews the Management team and updates the succession plan for key roles. The succession plans are prepared for both ordinary and extraordinary situations.

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 all stakeholders, including shareholders. Performance-related rewards, based on measurable and stretch targets, are therefore an important component of an Executive Director's remuneration package and aligned with Apollo's long-term business strategy.

The N&R Committee obtains external advice from an independent compensation and benefit consultant firm while reviewing the Executive Directors remuneration, including benchmarking based on prevailing market practices.

In the event of inadequat profits in any year, the remuneration payable to the Executive Directors would be accordingly moderated and paid as per the relevant applicable regulations after obtaining requisite approvals.

Remuneration Policy for Executive Directors as approved by the N&R Committee at its meeting held on 25th June, 2020

The main aim of the remuneration policy is to pay the Executive Directors competitively, based on market levels and the need to ensure that they are motivated to perform in the best interests of stakeholders, including shareholders. Performance-related rewards, based on measured and stretching targets, are therefore an important component of remuneration packages, and are aligned with Apollo's long-term Business Strategy. The N&R committee did not make any changes to the remuneration policy, during the period under review.

The components of the remuneration package for Executive Directors comprises of base salary and a performance-based annual bonus. The Executive Chairman is also eligible to receive a commission based on meeting pre-determined criteria. Given that the Executive Directors are already significant shareholders of the Company, the Executive Directors are not eligible to receive further equity compensation. Furthermore, none of the Executive Directors are eligible to receive severance pay and benefits.

Base Salary

Base salaries, reviewed annually, are based on prevailing market practices, the Executive Director's position, responsibilities, and performance in the role. The N&R Committee, comprised solely of Independent Directors, also consider market trends and prevailing inflation in the economy.

The N&R Committee has fixed an upper limit for base salaries which they may be increased in respect of all the Executive Directors as follows till the end of the financial year 2025-2026:

Sl.No.	Name of the Director	Base Salary (Amt. ₹in million)	Base Salary (Upper Limit) (Amt. ₹in million)
1	Dr Prathap C Reddy, Executive Chairman	71.85	85.00
2	Smt Preetha Reddy, Executive Vice Chairperson	36.45	50.00
3	Smt Suneeta Reddy, Managing Director	36.45	50.00
4	Smt Shobana Kamineni, Executive Vice Chairperson	36.45	50.00
5	Smt Sangita Reddy, Joint Managing Director	36.45	50.00
	Total	217.65	285.00

Variable Bonus

Apart from the above mentioned base salaries, the Executive Directors are also eligible to receive a performance based annual bonuses of upto 67.50% of their respective base salaries.

For all Executive Directors, excluding the Executive Chairman, 35% of the bonus is payable with reference to achievement of the operating profit targets and the balance 65% is payable with reference to the individual Key Result Areas ("KRAs") as finalized by the N&R Committee each year. In case of the Executive Chairman 100% of the annual bonus would be linked to achievement of operating profit targets.

The KRAs include criteria such as increase in healthcare and pharmacy segmental revenues and profitability, attraction and retention of Doctors and key medical professionals, employee retention, customer feedback and satisfaction scores, Clinical outcomes and IT related initiatives.

In addition to the annual bonus, only the Executive Chairman is eligible for a commission of up to 1% of the net profits before tax of the Company. The payment of commission is determined by the N & R Committee based on the review of the Executive Chairman's achievement linked to improvement in company's performance and brand enhancement which involves evaluation of the following parameters:

- Retaining market leadership through higher patient footfalls ;
- Maintaining best in class clinical outcomes;
- Attracting and retaining top clinical talent; and
- Deepening share of business from high end specialties.

Benefits and perks

The Executive Directors are not eligible for any long-term benefits, perquisites, and/or retirement benefits.

Service contracts

None of the Executive Directors are eligible for any severance pay.

Long-Term Equity Incentives

Apollo does not have any long-term equity incentivesfor its Executive Directors as they are already significant shareholders of the Company and their interests are considered to already be fully aligned with those of shareholders.

Executive Directors compensation for the Financial year 2020-21

Due to the impact of the COVID-19 pandemic, it was noted that the Company's net profits before tax (before considering exceptional items) had declined from ₹5,180 million to ₹1,858 million.

Given this situation, the N&R Committee decided to exercise its discretion and adjust downwards the remuneration of Executive Directors, with a reduction of 20% in Base Salary and zero annual bonuses. The reduction in the Base Salary for each Executive Directors is provided in the table given below:

Sl.No.	Name of the Director	Base Salary (Amt. ₹in million)	Approved Compensation FY 21 (Amt. ₹in million)
1	Dr Prathap C Reddy, Executive Chairman	71.85	57.48
2	Smt. Preetha Reddy, Executive Vice Chairperson	36.45	29.12
3	Smt. Suneeta Reddy, Managing Director	36.45	29.12
4	Smt. Shobana Kamineni, Executive Vice Chairperson	36.45	29.12
5	Smt. Sangita Reddy, Joint Managing Director	36.45	29.12
	Total	217.65	173.96

b) Non-Executive Directors

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

i) Attendance fees for the meetings of the Board and Committees, if any attended by them and

ii) Commission of Profits

Shareholders 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 2019 in addition to the attendance fee being paid by the Company for attending the Board/Committee Meetings.

The compensation paid to non executive directors is reviewed periodically taking into consideration various factors such as the Company's performance 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 2021. 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 variable pay reflect 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 of 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, individual 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 with reference to 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 detailed 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 to the Directors for the year ended 31st March 2021 is given below:

(₹in million)

Name of the Director	Remuneration paid for the year ended 31st March 2021				Total
	Sitting Fee	Remuneration		Commission	
		Fixed Pay	Variable Pay		
Dr. Prathap C Reddy	-	57.48	-	-	57.48
Smt. Preetha Reddy	-	29.12	-	-	29.12
Smt. Suneeta Reddy	-	29.12	-	-	29.12
Smt. Shobana Kamineni	-	29.12	-	-	29.12
Smt. Sangita Reddy	-	29.12	-	-	29.12
Shri. Vinayak Chatterjee	0.80	-	-	1.25	2.05
Dr. T. Rajgopal	1.10	-	-	1.25	2.35
Dr. Murali Doraiswamy	0.80	-	-	1.25	2.05
Smt. V. Kavitha Dutt	1.00	-	-	1.25	2.25
Shri. MBN Rao	1.60	-	-	1.25	2.85

Notes :

i) The terms of the executive directors & independent directors both are 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 2021 @ ₹1.25 million each per annum will be paid, subject to deduction of tax. Sitting fee also includes payment of fees for attending Board-level Committee Meetings.

v) The Company has no equity incentive 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. Smt. V. Kavitha Dutt, Chairperson
2. Smt. Preetha Reddy, Member and
3. Smt. Suneeta Reddy, Member

b) Meetings of the Stakeholders Relationship Committee

Four meetings were held during the financial year from 1st April 2020 to 31st March 2021 and the dates on which the meetings were held are as follows:

9th April 2020, 10th July 2020, 9th October 2020 and 11th January 2021

Sl.No.	Name of the Member	Designation	Number of Meetings held	Number of Meetings attended
1	Smt. V. Kavitha Dutt	Chairperson	4	4
2	Smt. Preetha Reddy	Member	4	4
3	Smt. Suneeta Reddy	Member	4	4

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 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 Company 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 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.

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	47	47	-
2	Revalidation and issue of duplicate dividend warrants	117	117	-
3	Share transfers	-	-	-
4	Split of Shares	-	-	-
5	Stop Transfer	-	-	-
6	Change of Bank Mandate	85	85	-
7	Correction of Name	4	4	-
8	Dematerialisation Confirmation	149	149	-
9	Rematerialisation of shares	8	8	-
10	Issue of duplicate share certificates	143	143	-
11	Transmission of shares	150	150	-
12	General enquiry	149	149	-

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 Responsibility Committee

The composition of the Corporate Social Responsibility Committee as at March 31, 2021 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.MBN Rao	Member	2	2
5	Dr.Murali Doraiswamy	Member	2	2

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,

- Preventive Healthcare encompassing free health and medical screening camps
- Education/Vocational skilling initiatives
- Rural Development
- Research in Healthcare

During the financial year the Company contributed a total amount of of ₹104.19 million to CSR activities as against the amount of ₹91.16 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, 2021 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. Satyabhama	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. Vinayak Chatterjee, Chairman
2. Shri. MBN Rao
3. Dr. Murali Doraiswamy
4. Smt. Preetha Reddy and
5. Smt. Suneeta Reddy

The scope of the Investment Committee is to review and recommend investments in new activities planned by the Company.

During the year, the Investment Committee met on 19th December 2020 and all the members were present.

7. SHARE TRANSFER COMMITTEE

Composition and Scope of the Share Transfer Committee

The Share Transfer Committee comprises of the following members.

1. Smt. V. Kavitha Dutt, Chairperson
2. Smt. Preetha Reddy and
3. Smt. Suneeta Reddy

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
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
2018-2019	27th September 2019	The Music Academy, Chennai	10.15 a.m	a. Appointment of Shri. MBN Rao as an Independent Director of the Company.
				b. Re-appointment of Shri.Vinayak Chatterjee as an Independent Director of the Company for a second term of five years.
				c. Consent for continuation of payment of remuneration to 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, in line with the limits prescribed under SEBI Listing Regulations.
				d. Alteration of Memorandum of Association of the Company in line with the Companies Act, 2013
				e. Adoption of new set of Articles of Association of the Company in line with the Companies Act, 2013
				f. Offer/Invitation to subscribe to NCDs on a private placement basis.

Year	Date	Venue	Time	Special Resolutions Passed
2018-2019	21st October 2019 (Meeting convened as per the directions of NCLT, Chennai Bench)	The Music Academy, Chennai	11.00 a.m.	Approval of the Scheme of Arrangement by way of demerger of the front end portion of the Standalone Pharmacy business segment of the Applicant Company into a Separate company ie., Apollo Pharmacies Limited (APL) by way of slump sale and their respective shareholders under Sections 230 to 232 and other applicable provisions of the Companies Act, 2013 and applicable SEBI Regulations
2019-2020	25th September 2020	Video Conference/ Other Audio Visual Means	10.15 a.m.	a. Consent for continuation of payment of remuneration to 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, in line with the limits prescribed under SEBI Listing Regulations.
				b. Offer/Invitation to subscribe to NCDs on a private placement basis

Postal Ballots

The Company had sought the approval of shareholders through postal ballot for the following two special resolution(s):

Date of Postal Ballot Notice	Description of Resolutions	Type of Resolutions	No. of Votes Polled	Votes cast in favour	Votes cast Against
2nd December 2020	Approval of the proposal for capital raise through issuance of securities by way of qualified institutional placement(s) and/or preferential allotment(s)	Special Resolution	118,453,681	118,451,533	2,148
27th March 2021	Approval for the Scheme of Amalgamation between Western Hospitals Corporation Private Limited (Transferor Company – 01), Apollo Home Health care (India) Limited (Transferor Company – 02) (hereinafter referred to as Transferor Companies) and Apollo Hospitals Enterprise Limited (Transferee Company) and their respective members and creditors under Section 233 of the Companies Act, 2013	Special Resolution	120,175,720	120,174,048	1,672

Smt. Lakshmmi Subramanian, Company Secretary in Practice was appointed as scrutinizer for the above postal ballots. After receiving the approval of the Board of Directors, Notice of the Postal Ballot, text of the Resolution and Explanatory Statement, relevant documents, are sent to the shareholders to enable them to consider and vote for and against the proposal within a period of 30 days from the date of dispatch.

E-voting facility is made available to all the shareholders and instructions for the same are specified under instructions for voting in the Postal Ballot Notice. E-mails are sent to shareholders whose e-mail ids are available with the depositories and the Company along with the Postal Ballot Notice. After the last day for receipt of ballots (e-voting), the Scrutinizer, after due verification, submits the results to the Chairman. Thereafter, the Chairman declares the result of the Postal Ballot. The same is published in the Newspapers and displayed on the Company Website and submitted to Stock Exchanges.

Procedure for postal ballot

The postal ballot was carried out as per the provisions of Sections 108 and 110 and other applicable provisions of the Act, read with the Rules framed thereunder and read with the Circular No. 14/2020 dated April 8, 2020, Circular No. 17/2020 dated April 13, 2020 and Circular No. 33/2020 dated September 28, 2020, issued by the Ministry of Corporate Affairs.

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. On account of the ongoing second wave of the COVID 19 pandemic and restrictions imposed by various state governments, SEBI vide its circular dated 29th April 2021 has granted relaxations to listed companies for submission of their fourth quarter and annual financial results for the fiscal year 2020-2021 by 30th June 2021. Accordingly, for the financial year ended 31st March 2021, the audited annual results were approved by the Board and announced on 23rd June 2021. 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 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

The Company 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.

Further, PwC also verified the below arrangement of purchase of pharmaceutical products from the network suppliers :

- Provision of incremental discounts to AHEL;
- Scheme benefits and price reductions offered by manufacturers are passed on to AHEL;
- Delivery on priority basis to AHEL thereby reducing AHEL's inventory holding cost;
- Logistic support – Special infrastructure backed delivery centres for AHEL and;
- Streamlined buying structure and integration of computer systems between AHEL and network suppliers.

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 Company 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, 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 10% 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 2020-2021, the Board has accepted all the recommendations of its Committees.

e) Accounting Treatment

The Financial Statement of the Company for FY 2020-2021 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 allotted 4,659,498 equity shares of ₹5/- each to Qualified Institutional Buyers (QIBs) on 23rd January 2021 under the Qualified Institutions Placement Scheme (QIP) at a price of ₹2,511/- per share including a premium of ₹2,506/- per share.

The Audit Committee reviews the utilization of proceeds periodically.

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 Smt. Lakshmmi Subramanian, Senior Partner of M/s. Lakshmmi Subramanian & Associates, Practising Company Secretaries 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 2021 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. Preetha Reddy 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 Shri Som Mittal be appointed as Independent Director for a term of 5 (five) consecutive years, with effect from 21st July 2021. Shri. Som Mittal was nominated for the Board following an extensive search process that considered individuals with varied backgrounds and expertise which would help in adding value to the overall board process.

The Company has received a declaration from Shri Som Mittal confirming that he meet the criteria of independence prescribed under the Act and the Listing Regulations

The detailed profiles of the Directors are provided as part of the Notice of the Annual General Meeting.

Outgoing Director

Dr. T. Rajgopal had tendered his resignation from the position of Independent Director of the Company with effect from 1st April 2021 to avoid a potential conflict of interest situation in the Company, on account of him being appointed as Chief Operating Officer in Breach Candy Hospital, Mumbai.

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 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 2020-2021	FY 2019-2020
Audit Fees	35.00	33.55
Other services*	20.00	4.75
Reimbursement of expenses	1.30	1.68
Total	56.30	39.98

*Fees for FY2020-21 include payments of ₹15.93 million for certification services provided in connection with Pharmacy Re-structuring and QIP issuance matters.

m) Disclosures under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013:

Particulars	Nos.
Number of complaints filed during the financial year 2020-2021	2
Number of complaints disposed off during the financial year 2020-2021	2
Number of complaints pending as on end of the financial year 2020-2021	-

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, except for the following instance set out below :

The Company had sent intimations to both the BSE and NSE on 12th June 2020, stating that the Board of Directors would be meeting on 25th June, 2020 to consider the Audited Financial Results and other related matters, for the financial year ended 31st March 2020. Since the Board Meeting was to be held through virtual mode due to the prevalence of the COVID-19 pandemic, it was not clear at that time whether a decision would be taken on recommendation of Final Dividend for the financial year ended 31st March 2020 and hence the related item did not form part of the agenda circulated to the Directors.

However, the Board at the Meeting held on 25th June 2020 after detailed deliberations, recommended a final dividend of ₹2.75 per share (55% of face value of ₹5/- per share) for the financial year ended 31st March 2020, on the paid up equity shares of the Company.

The Company paid a fee of ₹10,000/- each to the NSE and the BSE on the ground that the prior intimation filed with the Stock Exchanges regarding convening of the Board Meeting as per the provisions of Regulation 29(2)/29(3) of the SEBI Listing Regulations to consider the audited results for the financial year ended 31st March, 2020 did not specifically mention that dividend may be declared at the Board Meeting.

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 23rd June 2021.

8. CERTIFICATE ON CORPORATE GOVERNANCE

The certificate issued by the Practising Company Secretary on compliance of Corporate Governance norms is annexed to this Report.

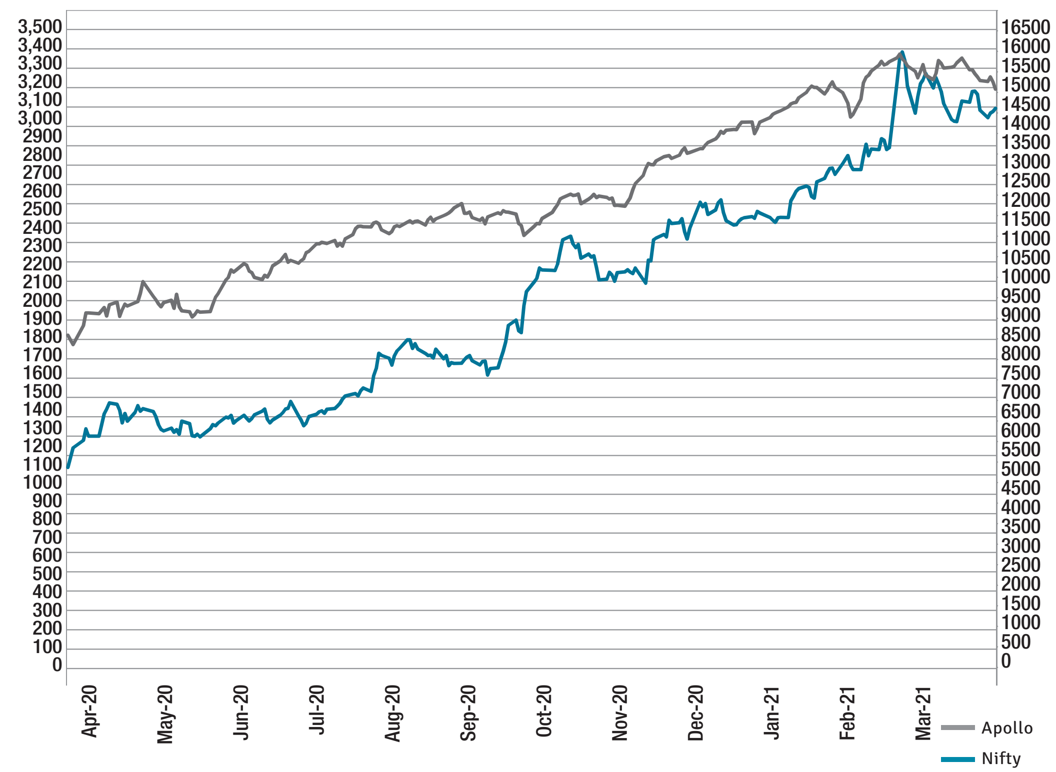
9. GENERAL SHAREHOLDERS' INFORMATION

(i)	AGM date, time and venue	31st August 2021 at 10.15 a.m.
		The Company is conducting meeting through VC / OAVM pursuant to the MCA Circular dated May 5, 2020 and as such there is no requirement to have a venue for the AGM. For details please refer to the Notice of this AGM.
(ii)	Financial Year	1st April to 31st March
(iii)	Dividend Payment	10th September 2021
(iv)	Listing of	
	(1) Equity Shares	(i) BSE 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, BP165 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 2020-2021 and 2021-2022
(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 BSE 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	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	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 2020-2021

Month	NSE			BSE		
	High (₹)	Low (₹)	No. of Shares	High (₹)	Low (₹)	No. of Shares
Apr-20	1,472.00	1,080.05	25,412,532	1,470.00	1,070.15	1,302,428
May-20	1,427.15	1,252.65	19,434,941	1,427.00	1,253.25	898,611
Jun-20	1,480.00	1,302.20	20,360,537	1,480.05	1,308.10	1,082,476
Jul-20	1,728.00	1,311.00	22,970,183	1,728.00	1,311.70	1,182,090
Aug-20	1,798.00	1,567.10	20,236,693	1,798.75	1,567.20	3,623,022
Sep-20	2,168.00	1,585.05	39,470,624	2,167.45	1,584.65	1,395,422
Oct-20	2,333.00	2,024.15	28,414,135	2,331.95	2,024.10	761,385
Nov-20	2,423.40	1,986.00	43,107,262	2,422.35	1,987.25	1,110,466
Dec-20	2,520.00	2,251.00	25,178,516	2,519.80	2,252.65	817,735
Jan-21	2,749.65	2,385.80	21,578,086	2,744.35	2,386.25	714,781
Feb-21	3,284.00	2,528.10	28,955,644	3,283.90	2,530.75	1,586,049
Mar-21	3,152.00	2,787.50	19,683,622	3,152.65	2,789.00	770,804

(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**

In terms of Regulation 40(1) of SEBI Listing Regulations, as amended, securities can be transferred only in dematerialized form w.e.f. April 1, 2019, except in case of request received for transmission or transposition of securities. Members holding shares in physical form are requested to consider converting their holdings to dematerialized form. Transfers of equity shares in electronic form are effected through the depositories with no involvement of the Company.

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 a 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.

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 2020-2021 are as follows:

Amount of unclaimed dividend transferred	No. of shares transferred
4,663,214	41,855

The Company has uploaded the details of unpaid and unclaimed amounts lying with the Company on the Company's website https://www.apollohospitals.com/investorrelations

4) Distribution of Shareholdings as on 31st March 2021

No. of Equity Shares		Shares				Holders			
		Physical		Electronic		Physical		Electronic	
		Nos.	%	Nos.	%	Nos.	%	Nos.	%
1	500	513,299	0.36	2,250,481	1.57	3,353	5.00	60,745	90.54
501	1,000	222,748	0.15	646,996	0.45	293	0.44	850	1.27
1,001	2,000	232,896	0.16	654,378	0.46	140	0.21	425	0.63
2,001	3,000	176,762	0.12	365,765	0.25	65	0.10	143	0.21
3,001	4,000	188,754	0.13	344,624	0.24	54	0.08	98	0.15
4,001	5,000	51,254	0.04	275,574	0.19	11	0.02	60	0.09
5,001	10,000	405,239	0.28	1,279,956	0.89	50	0.07	170	0.25
10,001	99,999,999	311,160	0.22	135,864,771	94.49	12	0.02	622	0.93
Total		2,102,112	1.46	141,682,545	98.54	3,978	5.93	63,113	94.07
Grand Total				143,784,657			67,091		

5) Categories of shareholders as on 31st March, 2021

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	15,578,974	10.84
(b)	Bodies Corporate	3	27,296,028	18.98
	Sub Total (A)(1)	23	42,875,002	29.82
	Total Shareholding of Promoter and Promoter Group	23	42,875,002	29.82
(B)	Public shareholding			
1	Institutions			
(a)	Mutual Funds	88	8,503,858	5.91
(b)	Alternate Investment Funds	3	129,320	0.09
(c)	Financial Institutions / Banks	9	100,450	0.07
(d)	Central Government/ State Government(s)	1	323,708	0.23
(e)	Insurance Companies	43	4,571,412	3.18
(f)	Foreign Institutional Investors	750	78,372,689	54.51
	Sub-Total (B)(1)	894	92,001,437	63.99
B 2	Non-Institutions			
(a)	Individuals			
	i. Individual shareholders holding nominal share capital up to ₹1 lakh	62,483	5,311,933	3.69
	ii. Individual shareholders holding nominal share capital in excess of ₹1 lakh.	8	5,6,313	0.37
(b)	Any Others			
(b-i)	Bodies Corporate	386	352,598	0.25
(b-ii)	Clearing Member	199	690,987	0.48
(b-iii)	Director or Director's Relatives	1	1,000	0.00
(b-iv)	Employees	2	125	0.00
(b-v)	Hindu Undivided Families	969	55,242	0.04
(b-vi)	I E P F	1	431,489	0.30
(b-vii)	L L P	22	8,640	0.01
(b-viii)	Non Resident Indians	2,076	1,120,075	0.78
(b-xi)	Trusts	25	136,020	0.09
(b-x)	Unclaimed or Suspense Account	1	137,150	0.10
	Sub-Total (B)(2)	66,173	8,781,572	6.11
(B)	Total Public Shareholding (B)= (B)(1)+(B)(2)	67,067	100,783,009	70.09
	Total (A)+(B)	67,090	143,658,011	99.91

Category code	Category of Shareholder	No. of Shareholders	Total number of shares	% to total No. of shares
(C)	Shares held by Custodians and against which Depository Receipts have been issued			
(1)	Promoter and Promoter Group	Nil	Nil	Nil
(2)	Public	1	126,646	0.09
	Total Public Shareholding (C)= (C)(1)+(C)(2)	1	126,646	0.09
	GRAND TOTAL (A)+(B)+(C)	67,091	143,784,657	100.00

6) Top Ten Shareholders (other than Promoters) as on 31st March 2021.

	Name	31 March 2021	
		No. of Shares	%
1	Schroder International Selection Fund Asian Opportunities	3,928,809	2.73
2	Touchstone Strategic Trust – Touchstone Sands Capital Emerging Markets Growth Fund	3,906,117	2.72
3	Veritas Funds PLC on behalf of Veritas Asian Fund	3,824,329	2.66
4	Copthall Mauritius Investment Limited	2,804,285	1.95
5	Sands Capital Funds PLC-Sands Capital Emerging Markets Growth Fund	1,995,298	1.39
6	Franklin Asian Equity Fund	1,599,625	1.11
7	Aditya Birla Sun Life Trustee Private Limited	1,491,613	1.04
8	City of New York Group Trust	1,431,182	1.00
9	Vanguard Emerging Markets Stock Index Fund, A Series of Vanguard International Equity Index Funds	1,352,889	0.94
10	HDFC Life Insurance Company Limited	1,316,308	0.92

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 2020-2021 are as under:

Month	Reg S ($)			144 A ($)		
	High	Low	Closing	High	Low	Closing
Apr-20	18.96	14.39	18.57	18.90	14.50	18.60
May-20	18.12	16.68	17.95	18.10	16.71	18.00
Jun-20	19.00	17.70	17.88	19.10	17.70	17.90
Jul-20	22.93	17.46	22.38	23.00	17.50	22.40
Aug-20	23.83	20.99	22.21	23.80	21.00	22.20
Sep-20	29.11	21.84	29.11	29.20	21.80	29.20
Oct-20	31.13	27.79	28.60	31.00	27.80	28.40
Nov-20	32.05	27.41	31.70	32.00	27.40	31.60
Dec-20	33.44	31.65	33.02	33.40	31.40	32.80
Jan-21	36.84	32.99	35.10	36.80	33.00	35.20
Feb-21	44.47	36.47	41.62	44.60	36.40	41.20
Mar-21	42.36	39.13	40.46	42.40	39.20	40.20

(xii) 1) **Dematerialization of Shares and Liquidity.**

The Company's shares are compulsorily traded in dematerialized form on NSE and BSE. Equity shares of the Company representing 98.54 percent of the Company's equity share capital are dematerialized as on March 31, 2021.

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.

(xii) **Outstanding GDRs or Warrants or any convertible instrument, conversion dates and likely impact on equity**

The Board of Directors of the Company at its meeting held on 12th February 2021 had resolved to terminate the GDR program. The notice of termination of the GDR program was sent to all GDR holders on 25th February 2021 by Bank of New York Mellon, Custodian of GDR informing that the GDR facility was terminated with effect from 26th March 2021. The holders can surrender their GDRs to Bank of New York Mellon, for delivery of underlying equity shares upto the period of March 31, 2022, subsequent to which Bank of New York Mellon, Custodian may attempt to sell the underlying shares and distribute the net proceeds to the respective GDR Holders. Subsequent to termination of the GDRs programme, the Luxemburg Stock Exchange will delist the GDRs.

As on March 31, 2021, the total outstanding GDRs was 126,646 representing 0.09% of the paid up share capital of the Company

(xiii) **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 particulars 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 2021 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	260
Aggregate Number of the outstanding equity shares lying in the unclaimed suspense account	173,684
Number of shareholder who approached the Company for transfer of shares from the unclaimed suspense account during the financial year 2020-2021	9
Number of shares transferred from the unclaimed suspense account during the financial year 2020-2021	23,470
Number of shareholders who's shares transferred to IEPF account during the financial year 2020-2021	40
Number of shares transferred to IEPF account during the financial year 2020-2021	13,064
Aggregate Number of Shareholders relating to the shares lying in the unclaimed suspense account at the end of the financial year 2020-2021	211
Aggregate Number of the outstanding equity shares lying in the unclaimed suspense account at the end of the financial year 2020-2021	137,150

(xiv) **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

(xv) **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 2020-2021, there were no changes in the ratings.

(xvi) **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, 61151111

No. 646 T.H. Road, Tondiarpet, Chennai – 600 081, Tel : 044 2591 3333, 2591 5858

Apollo First Med Hospital, No.159 Poonamallee High Road, Chennai – 600 010,
Tel : 044 28366000, 3936 6000

Apollo Childrens Hospital, 15-A Shafee Mohammed Road, Chennai – 600 006
Tel : 044 2829 8282

Apollo Womens Hospital, Shafee Mohammed Road, Chennai – 600 006, Tel :044 2829 8282

New No. 6, Old No. 24, Cenotaph Road, Chennai – 600 018, Tel : 044 2433 6119, 6115 1111

No.64, Vanagaram to Ambattur Main Road, Chennai-600 095, Tel :044-2653 7777, 6620 7777

2/319 Rajiv Gandhi Salai (OMR), Karapakkam, Chennai – 600 097, Tel : 044-24505700, 3070 7777

Apollo Proton Centre, 4/661 Dr. Vikram Sarabhai Instronic Estate, 7th Street,
Dr. Vasi Estate, Phase II, Tharamani, Chennai – 600 006, Tel : 044 2454 8888, 6144 8888

No.5/639, Old Mahabalipuram Road, Kandanchavadi, Chennai – 600 096, Tel : 044-2496 1111, 3322 1111

Madurai

Lake View Road, K.K.Nagar, Madurai–625 020, Tel : 0452 – 2580 199/2580 892/ 893

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

Karaikudi

Managiri Sukkanenthal Village, Thalakkavur Panchayat, Kallal Panchayat Union, Karaikudi – 630 001
Tel.045-65223700

Tiruchirappalli	Varaganeri Village, Chennai Madurai Bypass Road, Tiruchirappalli, Tel: 0431 2207777, 6607777, 3517777
Apollo Adlux Hospital	35/2, Block No. 3, Cable Junction, Karukutty Post, Karukutty Village, Aluva Taluk, Angamaly, Ernakulam – 683576 Tel: 0484 – 2735000 / 7185000
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, Santhosh Nagar, Hyderabad – 500 058, Tel. No. 040 – 2434 2222 / 2211 / 3333
	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 2301066/2321077
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
Bilaspur	Lingiyadi Village, Bilaspur – 495 001, Chattisgarh, Tel : 07752 433433
Bhubaneswar	#251, Sainik School, Unit 15, Bhubaneswar – 751 003, Tel.0674 6661016/1066/0413
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 - 452 010, Madhya Pradhesh Tel. No. 0731 - 2445566
Bangalore	154/11 Bannerghatta Road, Opp. IIM, Bangalore – 560 076, Tel. No. 080-4030 4050 #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 9999/8888
Lavasa	7th Dasve Circle, Darve Village Post, Mulshi Lalukka, Pune - 412 112, Tel No. 020 6681 1000

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
Kolkata	No.58, Canal Circular Road, Kolkata-700 054, Tel : 033-2320 3040
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, 2692 5801
Other Health Centres	Woodhead Tower, No. 12 CP Ramaswamy Road, Alwarpet, Chennai – 600 018 Tel. No. 044-24672200/24988866
Apollo Personalised Health	No. 20 Wallace Garden, 1st Street, Thousand Lights, Chennai - 600 006 Check Centre
	Tel. No. 044 4040 1066
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
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

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 Board 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 : June 23, 2021

Suneeta Reddy
Managing Director

Practising Company Secretaries Certificate on Corporate Governance under the Listing Regulations

To,

The Members of Apollo Hospitals Enterprise Limited

a.The Certificate issued in accordance with the terms of our engagement letter dated 12th February 2021

b. We have examined the compliance of conditions of Corporate Governance by Apollo Hospitals Enterprise Limited ('the Company'), for the year ended 31st March 2021, as stipulated in the Regulations 17-27, clauses (b) to (i) of Regulation 46(2) and paragraphs C and D of Schedule V of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 ('Listing Regulations'), as amended, pursuant to the Listing Agreement of the Company with the Stock Exchanges.

Management Responsibility

The compliance of conditions of Corporate Governance is the responsibility of the Management. This responsibility includes the design, implementation and maintenance of internal control procedures to ensure the compliance with the conditions of Corporate Governance stipulated in the SEBI Listing Regulations.

Auditor's Responsibility

Our examination is limited to review of procedures and implementation thereof, adopted by the Company for ensuring the compliance of the conditions of Corporate Governance. It is neither an audit nor an expression of opinion on the financial statements of the Company.

Opinion

In our opinion and to the best of our information and according to the explanations given to us, we certify that the Company has complied with the conditions of Corporate Governance regulations of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, as amended.

We further state that such compliance is neither an assurance as to the future viability of the Company nor the efficiency or effectiveness with which the management has conducted the affairs of the Company.

For Lakshmmi Subramanian & Associates

Lakshmmi Subramanian

FCS: 3534

CP No: 1087

UDIN: F003534C00042105

Place: Chennai

Date: June 23, 2021

MANAGEMENT DISCUSSION & ANALYSIS

TAKING CARE OF ONE'S HEALTH MEANS MUCH MORE THAN MEDICINE AND DOCTORS - IT STARTS WITH BEING AWARE OF ONE'S BODY AND COMMITTING TO THE PURSUIT OF WELLNESS.

Industry Structure & Developments

Good health is central to human happiness and well-being. Irrespective of one's economic strata or geographical location, nothing is more important to a person than his health. Taking care of one's health means much more than medicine and doctors - it starts with being aware of one's body and committing to the pursuit of wellness. It encompasses preventive medicine, health checks and an assured equitable access to reliable basic healthcare facilities. People interact with such a healthcare system in various ways and to differing degrees throughout one's life, although those living in poverty, or dealing with the devastating effects of war, are denied this right to healthcare. Developed nations are able to provide their citizens better healthcare infrastructure as compared to developing nations where investment in healthcare infrastructure lags behind. A comparison of the basic health indicators between the two, clearly indicates this gap. Good health makes an important contribution to a country's economic progress, as healthy populations live longer, are more productive, and save more. The economic growth of any country can be enhanced by healthy citizens and a disease-free society. Studies have shown that health is one of the most important causative factors that affects a country's aggregate of economic growth. Investment in health is therefore not only desirable, but also an essential priority for societies.

One of the biggest challenges for societies across the world today, is the improvement of access to quality healthcare in terms of both reach and affordability. Additionally, governments have to ensure that the healthcare needs of the vulnerable and under-privileged sections of society are also addressed. Coping with modern diseases, public health engineering, disease surveillance and exorbitant costs are some of the other key challenges for the healthcare industry.

The COVID-19 pandemic has caused immense disruption and highlighted the importance of adequate resources for managing such crises without excessive economic disruption.

NEW HEALTH TECHNOLOGIES SUCH AS WEARABLE TECH, TELEMEDICINE, GENOMICS, VIRTUAL REALITY, ROBOTICS AND ARTIFICIAL INTELLIGENCE, ALTHOUGH STILL NASCENT, ARE EXPECTED TO SOON CHANGE THE VERY LANDSCAPE OF THE HEALTHCARE INDUSTRY.

Sustainable and equitable pre-eminent healthcare for all is imperative. To make this a reality, all stakeholders, including healthcare providers, Governments, investors and consumers, have to come together to understand, analyze and implement necessary changes across the ecosystem. New health technologies such as wearable tech, telemedicine, genomics, virtual reality, robotics and artificial intelligence, although still nascent, are expected to soon change the very landscape of the healthcare industry. To meet the demands of the future, these technologies should be capable of adequate scale, compelling healthcare providers to deliver better health outcomes while managing changing consumer demand and behavior.

It is safe to expect that the future of health will focus on well-being and prevention rather than treatment. Innovations are already breaking barriers in the way diagnoses and treatments are being provided. Technology will also help to democratize healthcare by lowering costs and breaking geographic hurdles. The increasing pace of technological innovation in healthcare will soon offer a plethora of opportunities for healthcare service providers across the globe. Overall, along with improved healthcare access, there would be a huge focus on the quality of healthcare, use of innovative diagnostics and treatment methods, improved transparency and patient centered models of healthcare delivery.

General Overview on India's Healthcare Service Landscape

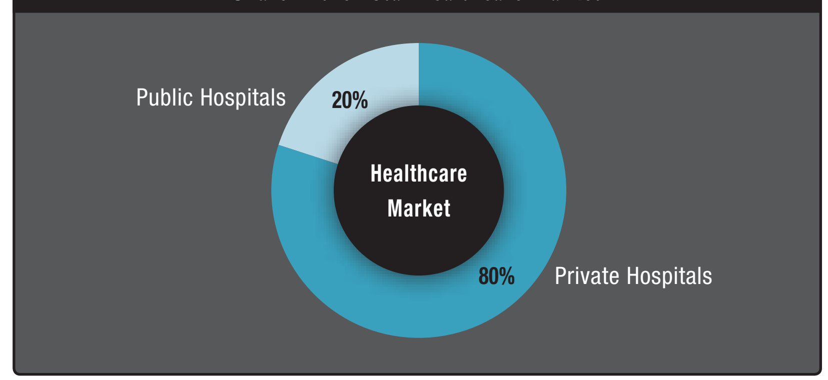
Historically, people in developing countries have had lower access to health services than those in developed countries. Additionally, within all countries, the poor tend to have lower access to health services. Like most developing countries, India has limited healthcare infrastructure which is inadequate to meet the demands of a large and diverse population. Thanks to this, even today, there is a significant gap in the supply of healthcare services versus the demand. However, it is also important to note that over the years, the Indian healthcare sector has changed from an unorganized sector to an organized one and also moved towards corporatization. It is one of the largest economic sectors in the country, with regard to both employment and revenue. Various demographic changes like a bulging middle class with increased per capita income and growing awareness about diseases, increasing health consciousness among people, changing lifestyle, and a transition in disease profile, have led to an increasing demand for modern healthcare facilities, spurring the growth of the healthcare services sector. The system has therefore grown significantly and through the leverage of medical technology, has garnered many achievements in the treatment and modalities of cure for many diseases.

THE COUNTRY IS SUCCESSFULLY OFFERING BEST-IN-CLASS HEALTHCARE TREATMENT SERVICES AT A FRACTION OF THE COST IN OTHER MAJOR MARKETS AROUND THE GLOBE.

The country is successfully offering best-in-class healthcare treatment services at a fraction of the cost in other major markets around the globe. The reduced cost of life-saving drugs and medical devices, the evoved pharmaceutical industry, world-class specialty hospitals in Tier 1 and Tier 2 cities coupled with a large pool of well-trained medical professionals, are other factors that have contributed immensely to the growth of the sector.

The public healthcare facilities in India have been unable to scale adequately to serve the needs of the large population; reaching the interiors of the country has been another challenge. Additionally, several of these facilities are understaffed, poorly equipped in terms of basic infrastructure and equipment, and in need of enhanced quality standards and protocols. This unmet opportunity combined with strong fundamentals has largely led to the private sector taking center stage in the healthcare landscape. The late 1990s witnessed improvement in the economic conditions and made private healthcare affordable to many Indians. These hospitals turned into Centres of Excellence and over time, became preferred choice for patients and communities over over Government hospitals. The private service providers dominate the Indian Healthcare industry and they are using innovative means to overcome some of the operational challenges. These healthcare institutions provide world class facilities, employ highly skilled and globally

Share in the Total Healthcare Market



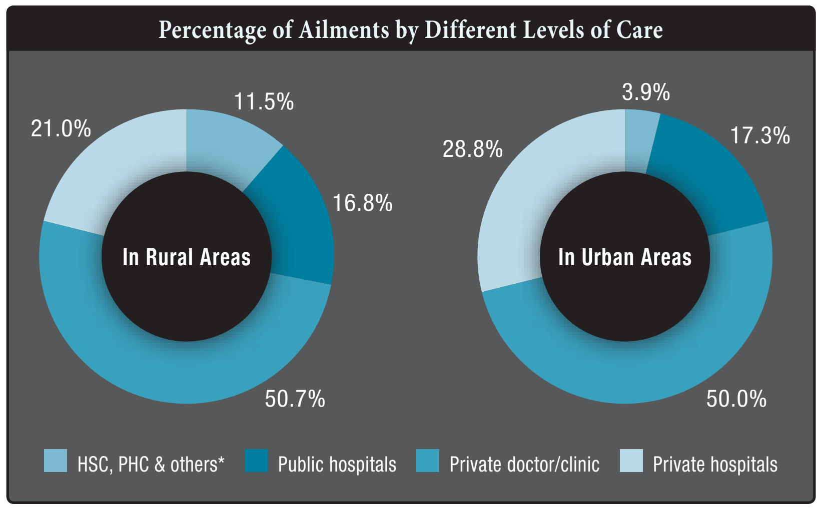
Source: A report on 'Indian Hospital Services Market Outlook' by consultancy RNCOS, Grant Thornton, LSI Financial Services, OECD

THE PRIVATE SECTOR PLAYERS HAVE BEEN ABLE TO OCCUPY A MAJOR SHARE OF NEARLY 80% OF THE COUNTRY'S TOTAL HEALTHCARE MARKET.

recognized professionals, leverage advanced technology in treatments, and maintain high standards of quality. The private sector players have been able to 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 its share of hospital beds is estimated at 40%.

From the chart below, it is clear that population in rural as well as urban areas seek private sector treatment for their illness or disease. Of all the levels of care mentioned here, private doctor/clinic is the single most important point of contact for treatment of ailments for rural areas (50.7%) and urban areas (50%). This is followed by treatment at private hospitals, public hospital and HSC, PHC & others. There is great discrepancy in the quality and coverage of medical treatment in India - healthcare in different states, rural and urban areas, can be vastly different.

POPULATION IN RURAL AS WELL AS URBAN AREAS SEEK PRIVATE SECTOR TREATMENT FOR THEIR ILLNESS OR DISEASE.



Source: MoSPI, NSS 71st Round (January-June 2014)

Note: Public sector includes HSC, PHC & others* and public hospitals. Private sector includes private doctor/clinic 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)

Today, the healthcare sector in India offers a potent mix of opportunities and challenges. The significant gap between 'required' and 'actual' healthcare infrastructure has driven considerable investment over the years into assets like hospitals and other facilities. Healthcare in India today provides corporations with a unique opportunity for innovation, differentiation and profits; it has become a preferred sector for strategic and financial investments.

Government Initiatives are supporting the growth of the Healthcare industry

INDIA'S HEALTHCARE SECTOR IS STRONGLY SUPPORTED BY THE INDIAN GOVERNMENT WHICH HAS BEEN UNDERTAKING COMMENDABLE WORK TO DEVELOP INDIA AS A GLOBAL HEALTHCARE HUB.

Governments all over the world work towards providing good quality healthcare for their people. Creating awareness about health issues, ensuring strong infrastructure, and promoting health insurance are productive activities conducted by the authorities for the people's welfare. The Indian Government also undertakes such measures from time-to-time. In fact, 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. Over the years, a multitude of initiatives to drive the growth of the healthcare sector in the country has been yielding positive results. These initiatives have gone a long way in not only improving overall healthcare access for the general population but have also enhanced the quality of healthcare in the country.

Policies and Schemes

Ayushman Bharat

Aims at making path-breaking interventions to address health holistically. As of November 2019, about 6.37 million people have received free treatment under this scheme

National Health Policy (NHP) Scheme

Formed with the aim to deliver quality healthcare services to all at affordable costs is the world's largest Government-funded healthcare programme.

National Resource Centre for EHR Standards (NRCeS)

Ministry of Health & Family Welfare (MoHFW) established a Centre of Excellence named as National Resource Centre for EHR Standards (NRCeS) at C-DAC, Pune to accelerate and promote adoption of Electronic Health Record (EHR) standards in India

Mission Indradhanush

Aims to improve coverage of immunisation in the country and reach every child under two years of age and all the pregnant women who have not been part of the routine immunisation programme

Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)

Aims at correcting regional imbalances in the availability of affordable / reliable tertiary healthcare services and also to augment facilities for quality medical education in the country

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), a programme launched in 2016 to ensure comprehensive and quality antenatal check-ups to pregnant women across India, has crossed the 10 million mark

"Budget proposals announced in the Budget FY 2021-22 specify Health and Wellbeing as one of the key pillars."

—Mr. Hitesh Sharma, Partner & National Tax Leader–Life Sciences–EY–India

Budget 2021-22 — healthcare ultimately takes center stage!

Healthcare has been at the center of all policy decisions since the arrival of the Covid-19 pandemic. The unprecedented crisis due to the pandemic has underscored the need for investment in adequate and robust healthcare infrastructure. Therefore, today, there is a greater realization and acceptance about the need to prioritize greater capital expenditure to enable India's long-term health infrastructure. As capital expenditure is crucial for the creation of new hospitals and other such infrastructure, the Budget 2021-22 has ensured that the sector gets its much-needed boost and has therefore been a big positive for the healthcare industry.

In addition to the launch of PM Atma Nirbhar Swasth Bharat Yojana (PMANSBY) scheme, there have been certain proposed initiatives, such as setting up health and wellness centres and integrated public health labs in each district in the Union Budget 2021-22. These initiatives are expected to support further widening access to healthcare services in the remotest corners of the country while also focussing on Preventive Health.

Even though there are multiple positive initiatives undertaken on the policy front, the Budget 2021-22 did not have any specific tax incentives in the Life Sciences sector for R&D incentives or widening patent box regime. Additionally, a significant part of the increased allocated budget towards healthcare is for immediate short-term needs like water, sanitization and COVID vaccines with the remainder spread over a period of five to six years to build the infrastructure.

Going ahead, it is important that the Government takes necessary initiatives which will give focus on maternal, child and adolescent health, including family planning. Additionally, prioritizing social sector, spending on women and young people's health will also play an important role in spurring the overall economic growth of the country.

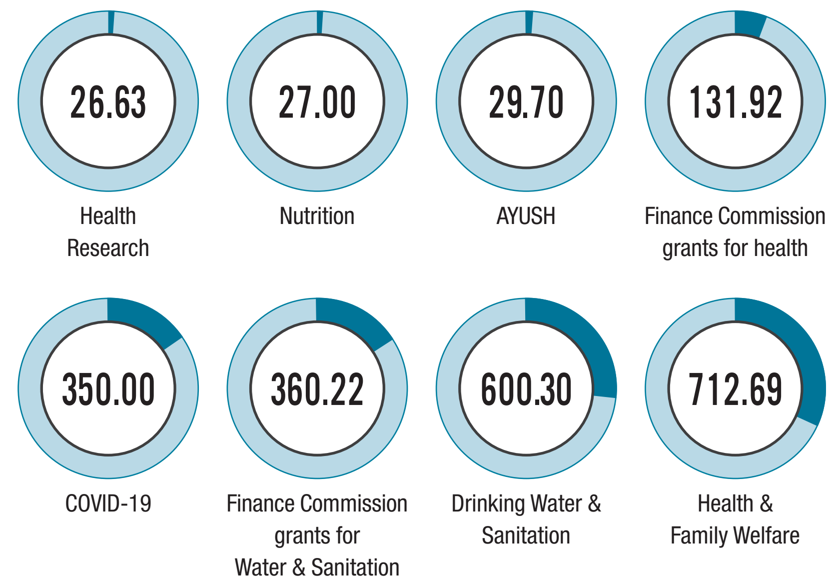
THE UNION BUDGET 2021-22 HAS REINFORCED THREE IMPORTANT AREAS OF HEALTHCARE—PREVENTIVE, CURATIVE, AND WELL-BEING.

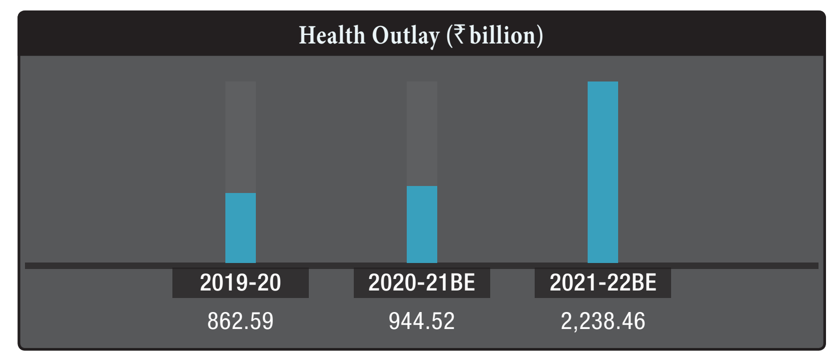
Union Budget 2021-22 – Reinforcing three important areas of Healthcare

WITH HEALTH AND SAFETY AS THE PRIMARY PILLAR, THE BUDGET OUTLAY FOR HEALTH AND WELLBEING FOR THE 2021-22 FINANCIAL YEAR SURGED TO ₹ 2,238.46 BILLION.

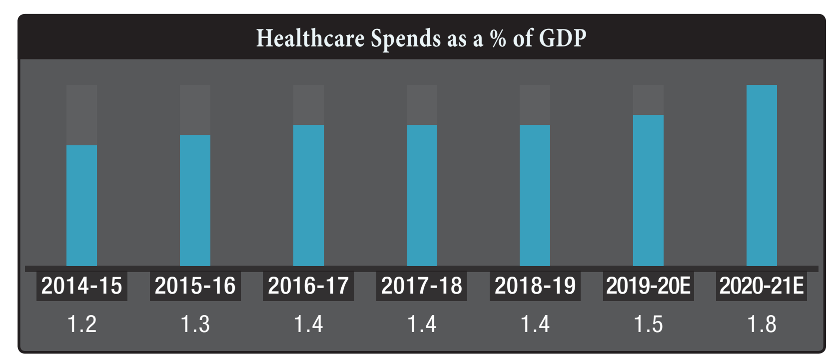
With health and safety as the primary pillar, the budget outlay for Health and Wellbeing for the 2021-22 financial year surged to ₹ 2,238.46 billion, registering an improvement of 137% over previous budget projections.

(Amount in ₹ billion)





Source: pib.gov.in



Source: indiabudget.gov.in

Key Announcements

- New PM Atmanirbhar Swasth Bharat Yojana is to be launched with an outlay of ₹641.80 billion over 6 years. This is to build capacities in primary, secondary, and tertiary care. An addition to the amount budgeted for the National Health Mission
- The Pneumococcal Vaccine, a Made in India product, is currently limited to only 5 states will be rolled out across the country. This will avert more than 50,000 child deaths annually
- Additional ₹350 billion allocated for COVID-19 vaccines
- Jal Jeevan Mission (Urban) to be launched which aims at universal water supply in all 4,378 Urban Local Bodies with 28.6 million household tap connections, as well as liquid waste management in 500 AMRUT cities. It will be implemented over 5 years, with an outlay of ₹2,870 billion
- The Urban Swachh Bharat Mission 2.0 is to be implemented with a total financial allocation of ₹1,416.78 billion over a period of 5 years from 2021-2026
- An amount of ₹22.17 billion for 42 urban centres with a million-plus population is to be provided to tackle the burgeoning problem of air pollution
- Government proposes to introduce the National Nursing and Midwifery Bill as well as the National Commission for Allied and Healthcare Professionals Bill

Market Size of Indian Healthcare industry

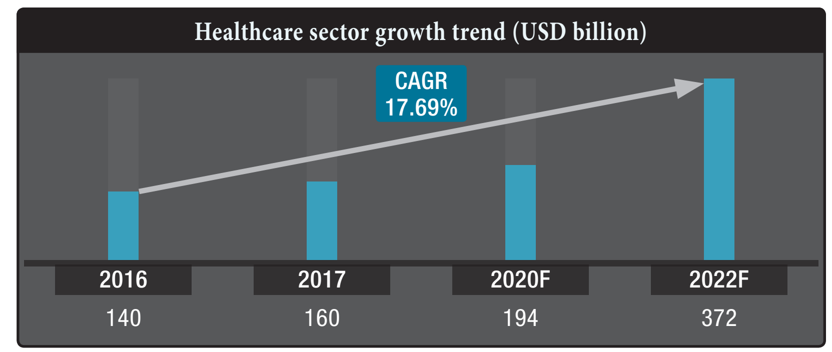
FOR INDIA, THE HEALTHCARE ACCESS AND QUALITY (HAQ) INDEX INCREASED FROM 24.7 IN 1990 TO 41.2 IN 2016.

Today, the Indian healthcare industry is growing at a significant pace owing to its strengthening coverage, services and increasing expenditure by the public and private sectors. As per a report from the Ministry of Commerce and Industry, the Indian healthcare sector, which stood at a size of USD 140 billion in 2016, is expected to reach a size of over USD 372 billion by 2022, registering a CAGR of 17.69%. India ranks 145 among 195 countries in terms of quality and accessibility of healthcare. For India, the healthcare access and quality (HAQ) index increased from 24.7 in 1990 to 41.2 in 2016. Industry experts believe that there is immense scope for enhancing healthcare services penetration in India, thus presenting ample opportunity for development of the healthcare industry.

THE SECTOR IS ONE OF THE MOST EFFICIENT AND COST-EFFECTIVE HEALTHCARE DELIVERY SYSTEMS THANKS TO EXPERT DOCTORS AND SPECIALISTS, WELL-EQUIPPED DIAGNOSTICS, AND NURSING SERVICES.

The Indian healthcare industry is one of the most knowledgeable and professional industries in the world. Also, the sector is one of the most efficient and cost-effective healthcare delivery systems thanks to expert doctors and specialists, well-equipped diagnostics, and nursing services. There is immense 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 favorable 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.



Source: Frost & Sullivan, LSI Financial Services, Deloitte

In FY19, the Indian healthcare sector stood as the fourth largest employer as the sector employed a total of 3,19,780 people. The Asian Research and Training Institute for Skill Transfer (ARTIST) announced plans to create around one million skilled healthcare providers by 2020.

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.

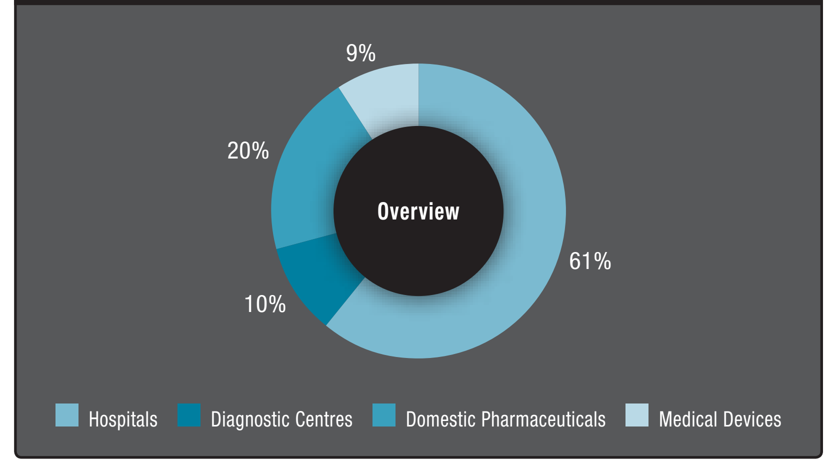
Healthcare Sector

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 Equipment & Supplies	It includes establishment's 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 health sector.
Medical Tourism	Indian medical tourism is enhancing the prospects of the Indian healthcare market substantially, benefiting its healthcare services players and in increasing the inflow of foreign exchange into India.
Retail Healthcare	Retail in healthcare enables opportunities of clinical service in a marketplace other than regular hospital. The Retail Healthcare business primarily include Primary Care Clinics, specialized birthing centers, single specialty clinics, primary health centers and diagnostic chains, apart from Dental, Daycare and Home Healthcare formats.

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.

THE HEALTHCARE SECTOR IS DIVIDED INTO THREE MAJOR CATEGORIES: PRIMARY, SECONDARY AND TERTIARY.

Structure of Healthcare Delivery in India



Source: CRISIL Research

The Healthcare sector is divided into three major categories: primary, secondary and tertiary.

	Primary Care	Secondary Care	Tertiary Care
Services	Provides all services as required for the first point of contact	Provides all services as required, including organized medical research	Provides all services as required, including provision for experimental therapeutic modalities and organized research in chosen specialties
Multi-disciplinary	Yes	Yes	Single- or multi-specialty
Type of service	Only medical services and excludes surgical services	Overall medical and surgical services	Complex surgical services with sophisticated equipment
Type of patient	Only outpatient	Inpatient and outpatient	Primarily inpatient
No. of beds	0 beds	50-200 beds	>200 beds
Dependent on	Secondary and tertiary care hospitals for further diagnosis and support	Tertiary care hospital for diagnostic and therapeutic support on referral and for patient transfer	Tertiary care/ secondary hospital for referrals for its workload
Investment	Low investment required	Medium	High

Primary Healthcare:

Primary care facilities are outpatient units that offer basic, point-of-contact medical and preventive healthcare services, where patients come for routine health screenings and vaccinations. This is the first point of contact between the populace and the healthcare service providers. These facilities do not have intensive care units (ICU) or operation theatres.

Their infrastructure offers basic medical and health prevention services through a network of Sub Centers and Primary Health Centers in rural areas, whereas in urban areas it is provided through Health Posts and Family Welfare Centers. Primary Care Centres also act as feeders for secondary / tertiary care hospitals, where patients are referred to for treatment of chronic / serious ailments.

Secondary Healthcare:

Secondary care facilities diagnose and treat ailments that cannot be treated in primary care facilities. These act as the second point of contact in the healthcare system. In India, the health centers for secondary health care include District Hospitals and Community Health Centres at the block level.

This infrastructure provides inpatient as well as outpatient medical services which includes simple surgical procedures. Some of medical specialties offered under secondary healthcare include internal medicine, pediatrics and limited coverage of other specialties like urology, cardiology, and other specialties.

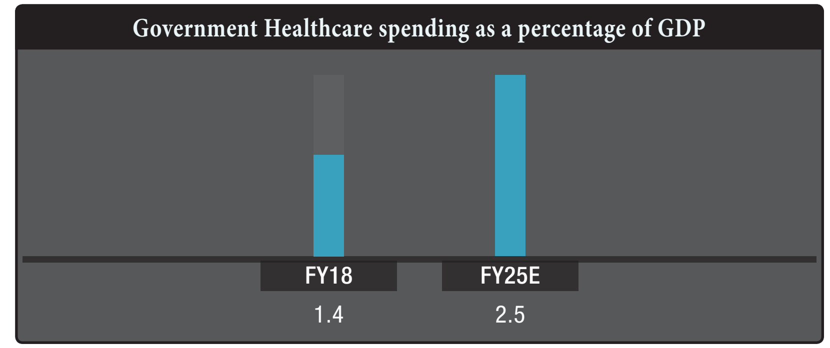
DESPITE THE UPTICK IN GOVERNMENT SPENDING AND THRUST ON INCREASING INSURANCE COVERAGE, THE GOVERNMENT OF INDIA'S EXPENDITURE ON HEALTHCARE STOOD ONLY AT 1.4% OF GDP IN FY18.

Tertiary Healthcare:

Tertiary care hospitals provide advanced healthcare services, usually on referral from primary or secondary medical care providers. Specialized Intensive Care Units, advanced diagnostic support services and specialized medical personnel are key features of tertiary health care. Single-specialty tertiary care hospitals treat a particular ailment such as cardiac, cancer, etc. On the other hand, there are multi-specialty tertiary hospitals that offer all medical specialties under one roof and treat complex cases such as multi organ failure, high-risk, and trauma cases. In India, under the public health system, tertiary care service is also provided by medical colleges and advanced medical research institutes.

Scope to increase India's Per Capita Healthcare expenditure

Despite the uptick in Government spending and thrust on increasing insurance coverage, the Government of India's expenditure on healthcare stood only at 1.4% of GDP in FY18. The continuing disparity of healthcare spends between urban and rural areas have 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.



Source: World Bank, Economic Survey FY18

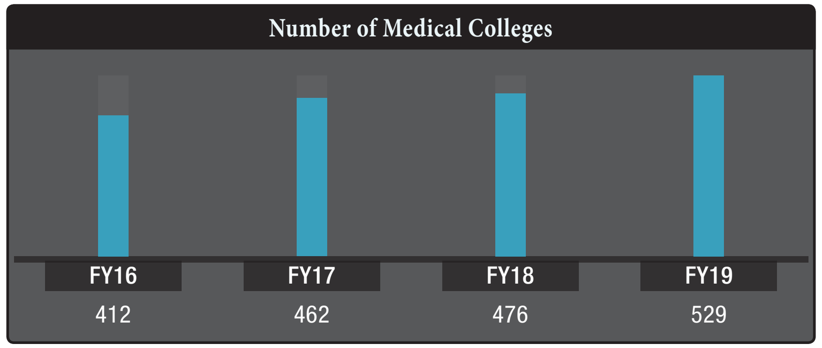
As a percentage of GDP, India' current healthcare expenditure falls behind not just developed countries such as the United States (the US) and the United Kingdom (the UK), but also behind various developing countries such as Brazil, Nepal, Vietnam, Singapore, Sri Lanka, Malaysia, and Thailand.

Inadequate Healthcare Infrastructure

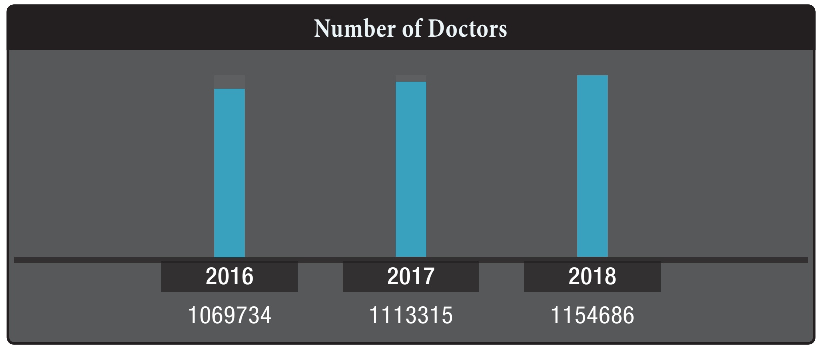
India which accounts for nearly a fifth of the world's population, has 12 beds per 10,000 people mainly in urban areas with the number being far lower in rural areas. India's bed density not only falls far behind the global median of 29 beds, it also lags that of other developing countries such as Brazil (21 beds), Malaysia (19 beds), and Vietnam (26 beds). As per a CRISIL report in 2015, India needs to invest ~₹14 tn (USD 230 bn) in order to meet the global average.

INDIA WHICH ACCOUNTS FOR NEARLY A FIFTH OF THE WORLD'S POPULATION, HAS 12 BEDS PER 10,000 PEOPLE MAINLY IN URBAN AREAS WITH THE NUMBER BEING FAR LOWER IN RURAL AREAS.

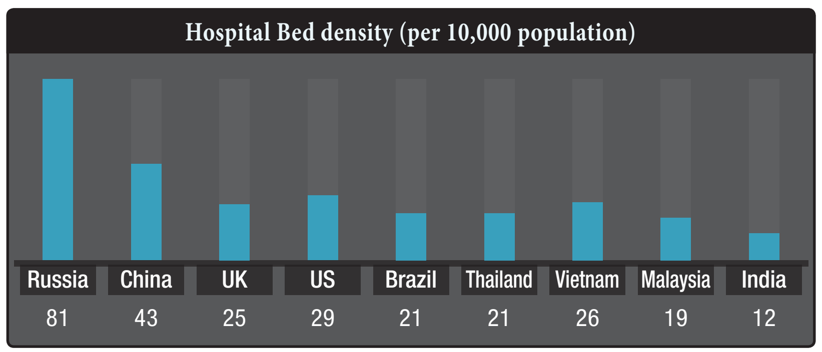
Over the last few decades, India has taken considerable steps to grow its medical educational infrastructure. In November 2020, the number of medical colleges in India increased to >560 from 412 in FY16. The number of doctors possessing recognized medical, qualifications (under I.M.C Act) registered with state medical councils/medical council of India increased to 1,255,786 in September 2020 from 827,006 in 2010. According to a study, there is one Government doctor in India for every 10,189 people (a deficit of 6,00,000 doctors) The nurse-to-patient ratio is 1:483.



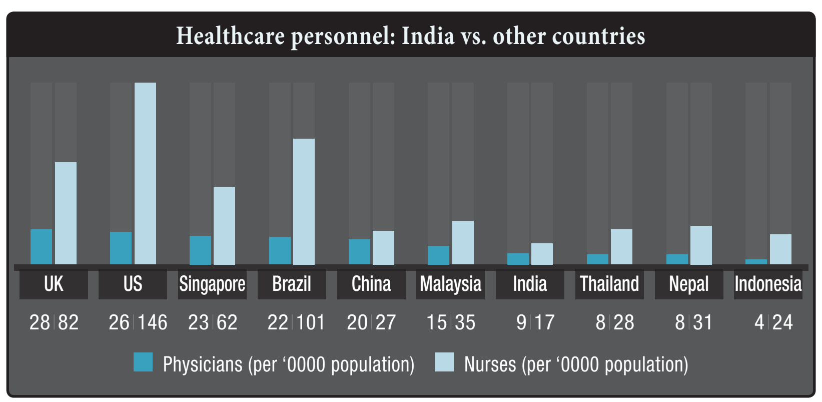
Source: Tracking Universal Health Coverage – 2017 Global Monitoring Report, World Bank Database, CRISIL Research



Source: Tracking Universal Health Coverage – 2017 Global Monitoring Report, World Bank Database, CRISIL Research

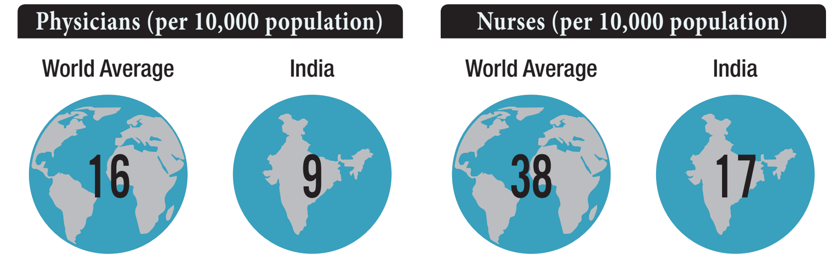


Note: India bed density is estimated by CRISIL Research. Source: Tracking Universal Health Coverage – 2017 Global Monitoring Report, World Bank Database, CRISIL Research



Source: WHO World Health Statistics 2020

"According to the Medical Council of India, there are ~1.26 million doctors (~1 million active) in India, which translates to a ratio of 1 active doctor for every 1,343 people vs. WHO norm of 1:1,000"



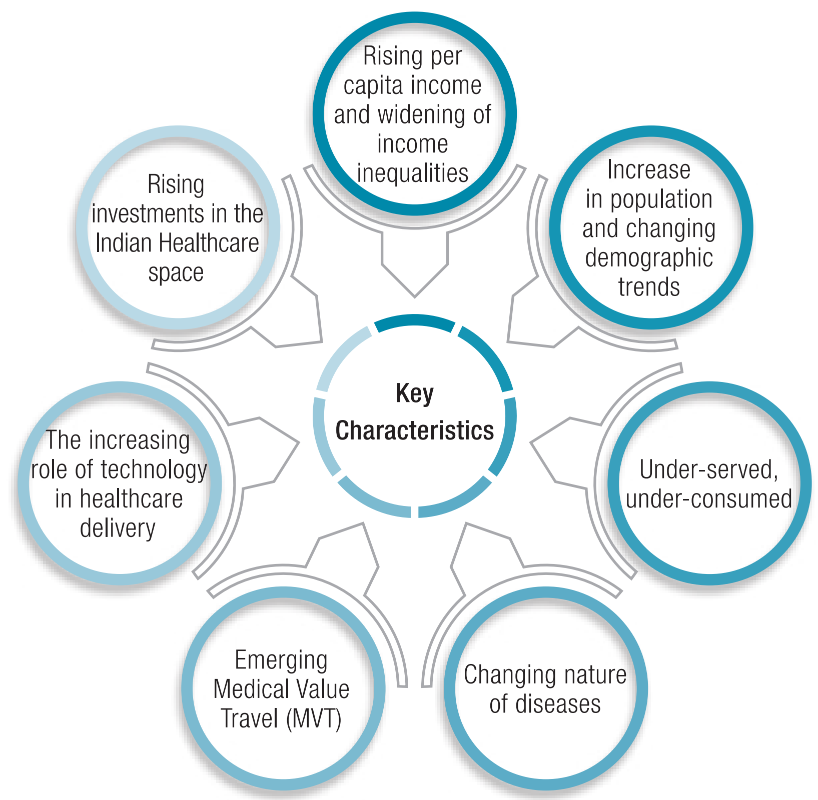
Source: WHO World Health Statistics 2020

Even though the country is witnessing rapid expansion in the healthcare sector, the shortage in the medical workforce remains a big challenge. As per World Health Statistics primary data 2020, with a density of 9 physicians and 17 nursing personnel per 10,000 population, India trails the global median of 16 physicians and 38 nursing personnel, falling behind developing countries such as Brazil (22 physicians, 101 nurses), Malaysia (15 physicians, 35 nurses) and other South East Asian countries.

These statistics indicate the alarming gap in healthcare infrastructure in the country and the tremendous growth potential the sector offers.

Key Characteristics

A combination of economic and demographic factors is expected to drive healthcare demand in India. This industry in India is broadly characterized by the following:



WITH THE COUNTRY WITNESSING A STEADY ECONOMIC GROWTH, THE PER CAPITA INCOME OF ITS POPULATION AS WELL AS THE ECONOMIC STABILITY OF THE EXPANDING MIDDLE CLASS INDIAN, IS ON THE RISE.

Rising per capita income and widening of income inequalities:

India has witnessed tremendous economic growth over the last 3 decades. The country has been able to register robust GDP growth and has been consistently featured amongst the fastest growing economies. With the country already witnessing a steady economic growth, the per capita income of its population as well as the economic stability of the expanding middle class Indian, is on the rise. This changing scenario and the accompanying demands, has improved affordability and access to better healthcare facilities for millions of upwardly mobile Indians.

India's per-capita income, a broad indicator of living standards, clocked a healthy ~5% CAGR, from ₹ 63,462 in fiscal 2012 to ₹ 94,954 in fiscal 2020. Growth in per-capita income has been led by better job opportunities, propping up overall GDP growth while the population growth has remained fairly stable at a ~1% CAGR.

	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20PE
Per-capita net national income (₹)	63,462	65,538	68,572	72,805	77,805	82,931	87,828	92,085	94,954
On-year growth (%)	2.1	3.3	4.6	6.2	6.7	6.8	5.9	4.8	3.1

PE: Provisional estimates

Source: Provisional Estimates of Annual National Income, 2019-20, CSO, MoSPI, CRISIL Research

Due to increasing affordability, consumers are demanding and willing to pay for superior healthcare services. However, even as India continues to develop, the country is witnessing a widening of income inequalities. Low per capita income, minimal expenditure on healthcare, and a poor number of doctors coupled with muted insurance penetration in rural areas, account for wide disparity in healthcare offerings between urban and rural areas. Also, the inequality is becoming increasingly apparent even within the same city. People from the different socio-economic groups fall into unique baskets typified by varying healthcare needs. Each of these presents a market in terms of the addressable value proposition.

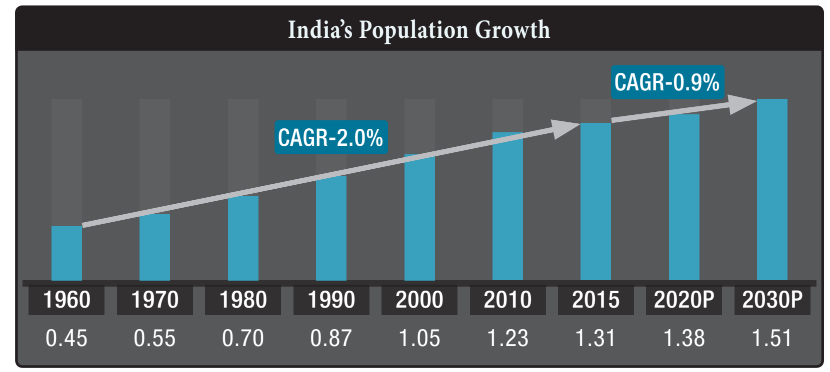
THE ENHANCED AFFORDABILITY IN A SEGMENT OF THE POPULATION, DUE TO RISING INCOME LEVELS, SUPPORTS THE NEED FOR QUALITY MEDICAL CARE AT A RELATIVELY HIGHER PRICE.

The enhanced affordability in a segment of the population, due to rising income levels, supports the need for quality medical care at a relatively higher price. Growth in household incomes, and consequently, disposable incomes, is, therefore, critical to the overall growth in the demand for healthcare delivery services in India.

Increase in Population and changing demographic trends:

According to the 'World Urbanization Prospects: The 2018 Revision' by the United Nations, India and China, the top two countries in terms of population, accounted for nearly 37% of the world's population in 2015. The report projects that India's population will increase at 1% CAGR to 1.5 billion by 2030, making it the world's most populous country, surpassing China with 1.4 billion people. India's 1.3 billion population base offers a sizable market and pertinent growth opportunities for health care services in the country. As per the National Health Profile 2018, 54.6% of India's population falls in the age group of 20 to 59 years - a productive demographic group with distinct advantages which is likely to propel India towards being ranked among the world's most developed economies in the next decade. This group expects and is willing to pay for modern and superior quality of healthcare services for both treatments and wellness.

WHILE THE POPULATION OF INDIA SEEMS CONSIDERABLY YOUNG, THERE IS A PARALLEL ELDERLY POPULATION OF 60 PLUS, THAT IS GROWING. THE RISE IN NUMBERS IN THIS SEGMENT COMBINED WITH RISING LIFE EXPECTANCY, IS ANOTHER PROPONENT FOR QUALITY HEALTHCARE.



P – Projected

Source: World Urbanization Prospects: The 2018 Revision, United Nations, CRISIL Research

While the population of India seems considerably young, there is a parallel elderly population of 60 plus, that is growing. The rise in numbers in this segment combined with rising life expectancy, is another proponent for quality healthcare. Socio-demographic factors in the country, therefore, are expected to boost healthcare services demand in the future.

Under -Served, Under-Consumed

India's healthcare space is under-served due to the absence of credible infrastructure. This scenario is the result of decades of under-investment in the health sector. In addition to this, the domestic healthcare delivery infrastructure is largely skewed by the organized private sector which has presence primarily in state capitals or Tier-1 cities.

The country continues to remain far behind the global curve in providing good quality healthcare access across its population, although making healthcare affordable and accessible to all citizens of the country is one of the Government's key focus areas. Even in terms of metrics, India lags developed as well as developing peers in the per capita number of beds or doctors, In terms of infrastructure, India has 12 hospital beds whereas USA has 29 beds to serve per 10,000 population. India requires an additional 2 million beds to be at par with the global median. While India's healthcare service infrastructure is under served, low affordability has also resulted in these services being under-consumed.

Transition in disease profile:

THE SHARE OF DEATH IN INDIA FROM NON COMMUNICABLE DISEASES INCREASED TO 61.8% IN 2016 FROM 37.9% IN 1990.

India has witnessed an extensive change in the overall disease profile of its population. The share of death for communicable, maternal, neonatal, and nutritional diseases decreased to 27.5% in 2016 from 53.6% in 1990 and that of non communicable diseases increased to 61.8% in 2016 from 37.9% in 1990. This shift in the disease profile has led to an additional need for healthcare services in the country. Non communicable diseases tend to be of long duration, increasing the need for sustained healthcare services.

Transition in disease profile	1990	2016
Share of communicable, maternal, neonatal and nutritional diseases	53.60%	27.50%
Share of non-communicable diseases	37.90%	61.80%
Share of injuries	8.50%	10.70%

Source: Health of the Nation's States 2017: India Council of Medical Research

Due to increased urbanization, the incidence of lifestyle diseases is anticipated to increase faster than any other segment. Within the lifestyle space, cancer is one of the fastest growing ailments. The prevalence of cancer in India is projected to increase from an estimated 3.9 million cases in 2015 to 7.1 million cases by 2020, according to an Ernst & Young report.

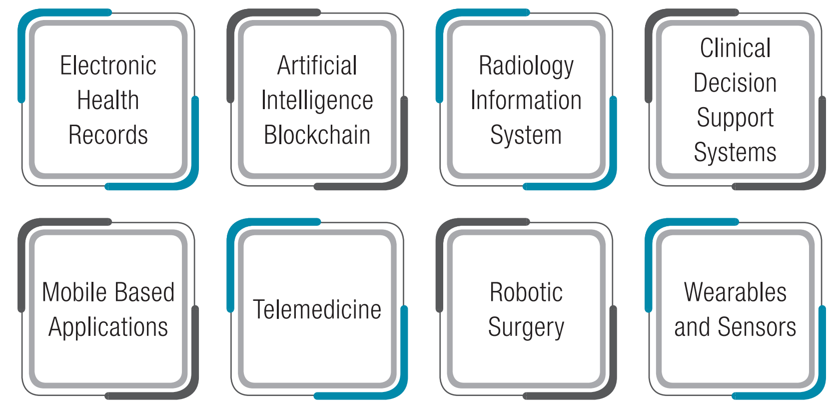
The increasing role of technology in healthcare delivery:

The healthcare industry, like other industries, is constantly evolving in terms of technology. Developments in information technology have helped create systems that ensure faster and reliable services. While, on the one hand, these systems help increase reach and quality of healthcare delivery systems across the country, on the other, they enable healthcare delivery providers to improve efficiency by helping in resource planning, maintainenance of patient records, etc.

In India, most recognized hospitals have been investing in supportive technology and operative techniques. The timely adoption of advanced technologies has enabled the availability of and supported advancements in robotic surgeries, radiation surgery or radio therapies with cyber knife options, intensity modulated radiation therapy, image guided radiation therapy, transplant support systems, and advanced neuro and spinal options.

Emerging Technologies in Healthcare Delivery

NEW HEALTH TECHNOLOGIES SUCH AS WEARABLE TECH, TELEMEDICINE, GENOMICS, VIRTUAL REALITY (VR), ROBOTICS AND ARTIFICIAL INTELLIGENCE (AI) ARE CHANGING THE LANDSCAPE OF THE INDIAN HEALTHCARE SYSTEM PUTTING INDIA AT THE CUSP OF A DIGITAL HEALTH REVOLUTION.

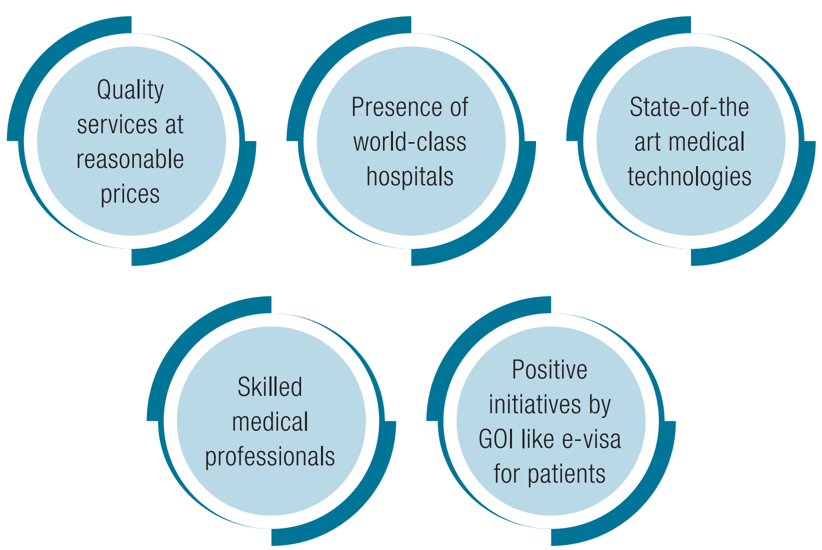


New health technologies such as wearable tech, telemedicine, genomics, virtual reality (VR), robotics and artificial intelligence (AI) are changing the landscape of the Indian healthcare system. Like many other markets, India too is at the cusp of a 'digital health' revolution as a vast number of healthcare companies have started adopting digital technologies which span patient engagement, physician engagement, field force effectiveness, R&D efficiency and supply chain management. As the pace of digital innovation in healthcare accelerates, so do the opportunities for healthcare service delivery institutions across India who are willing to embrace the digital health space over the coming years. CRISIL Research expects the advent of 5G, smartphone penetration, and increasingly health conscious population,will deepen digital healthcare penetration.

OVER THE YEARS, INDIA HAS GROWN TO BECOME THE PREFERRED DESTINATION FOR MEDICAL VALUE TRAVEL BECAUSE IT SCORES HIGH OVER A RANGE OF FACTORS THAT DETERMINE THE OVERALL QUALITY OF CARE.

Scaling up of Medical Value Travel (MVT)

The Indian healthcare industry has been doing exceptionally well in addressing the multi-billion dollar medical value travel opportunity. Over the years, India has grown to become the preferred destination for medical value travel because it scores high over a range of factors that determine the overall quality of care. From quality of therapy, to the range of procedural and treatment options, infrastructure and skilled manpower, unmatched care and compassion, to minimal waiting time involved for any medical procedure, and availability of generic drugs, the list of benefits for medical travelers are many. Healthcare costs in India are extremely competitive compared to those in developed countries and other Asian countries. This is especially for expensive and delicate surgeries like cardiac bypass, solid organ transplants, joint replacements, dental services, cosmetic surgery and bariatric surgery. The cost of travel and accommodation is also low as compared to developed nations. India also attracts medical tourists from other developing nations due to the lack of advanced medical facilities in many of these countries. Government estimates suggest that the size of the medical tourism market would grow substantially by the next fiscal from a size of 3 billion USD in 2015.



"Affordable and quality treatment makes India a favoured destination"

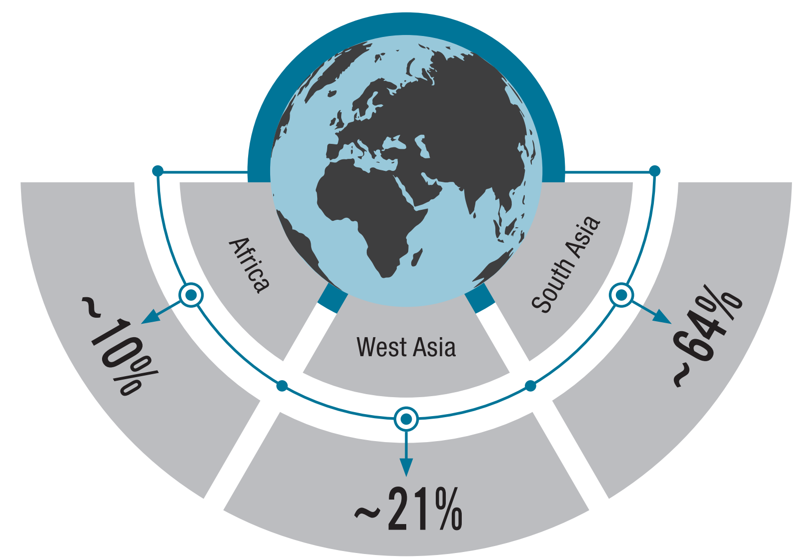
Cost advantage - India compares favorably with regional peers

Ailments (USD)	USA	UK	Thailand	Singapore	Korea	India
Heart Surgery	1,00,000	40,000	14,000	15,000	28,900	5,000
Bone Marrow Transplant	2,50,000	2,90,000	62,000	1,50,000	NA	30,000
Liver Transplant	3,00,000	2,00,000	75,000	1,40,000	NA	45,000
Knee Replacement	48,000	50,000	8,000	25,000	19,800	6,000
Dental Implant	2,800	NA	3,636	1,500	4,200	1,000

Source: CRISIL, FICCI, JCI

The Indian Government has been facilitating easy entry for International patients into the country by providing special medical visas. It has introduced multiple policies such as the introduction of e-Medical visa, multiple entry visas and longer stays as required for treatment. Additionally, the Indian Government has been actively mandating accreditations to wellness centers and Medical Value Travel (MVT) facilitators. These initiatives have gone a long way is enhancing India's image as a preferred destination for medical tourists.

Indian medical tourism originating countries



Source: CY17 CRISIL; Ministry of tourism

DEMAND GROWTH, COST ADVANTAGES AND POLICY SUPPORT ARE SOME OF THE FACTORS THAT HAVE BEEN PLAYING A VERY IMPORTANT ROLE IN ATTRACTING FDI IN THE HEALTHCARE SECTOR.

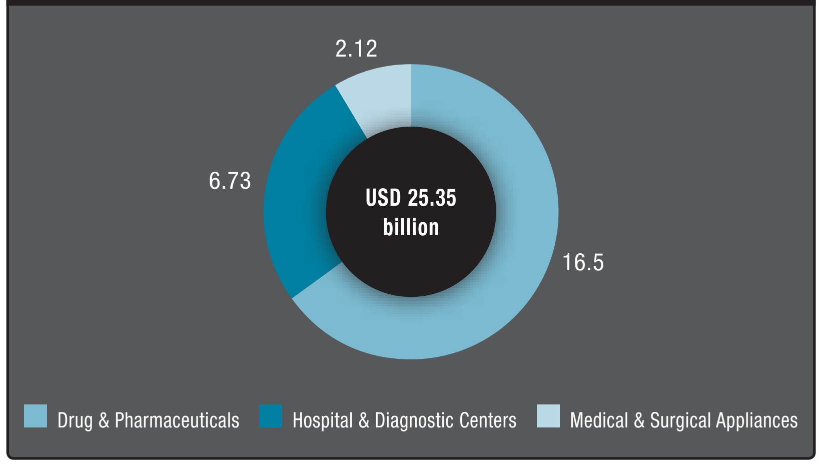
Rising Investments in the Indian Healthcare space

Infusion of long term capital in the healthcare space goes a long way in strengthening the healthcare infrastructure of the country. Demand growth, cost advantages and policy support are some of the factors that have been playing a very important role in attracting FDI in the healthcare sector.

THE GOVERNMENT OF INDIA'S DECISION TO ALLOW 100% FDI IN THE HOSPITALS SECTOR LED TO A SIGNIFICANT INCREASE IN INVESTMENTS FROM OVERSEAS FUNDS. THESE TRENDS INDICATE RISING INVESTOR CONFIDENCE IN THE INDIAN HEALTHCARE SPACE AND DEEPEN THE PERCEPTION OF INDIA AS AN ATTRACTIVE HEALTHCARE INVESTMENT DESTINATION.

In the past few years, the Indian healthcare industry has attracted a great level of interest among leading global private equity players and venture capitalists. The growth in multi-specialty and single-specialty hospitals in India has largely taken place due to the strong backing of PE funding. Many multinational players have been trying to deepen their presence through partnerships and investments.

Cumulative Foreign Direct Investment (FDI) inflows from April 2000 up to March 2020 into the healthcare sector (USD $ billion)



Source: CRISIL Research

The Government of India's decision to allow 100% FDI in the hospitals sector led to a significant increase in investments from overseas funds. These trends indicate rising investor confidence in the Indian healthcare space and deepen the perception of India as an attractive healthcare investment destination.

Retail Pharmacy Sector

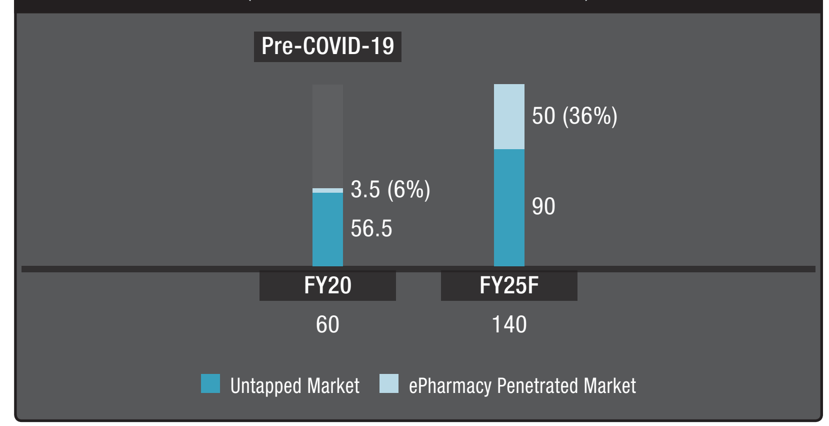
The Indian Retail Pharmacy sector has been witnessing healthy growth over the past few years due to an increasing consumer base and rising healthcare expenditure. Most industry experts anticipate that the Indian pharmacy market will be a bright spot for the Healthcare sector over the next decade. In the entire healthcare delivery value chain, retail pharmacy is one of the most fragmented sub-segments. The Indian Retail pharmacy market has been registering healthy growth largely on account of rising demand for OTC drugs and private label products fuelled by extensive advertisement by various organizations. There is an estimated total of 8,50,000 retail pharmacies (chemists) in India out of which 8,45,000 falls under the unorganized category. The number of branded organized pharmacy stores is less than 6,000 and constitute <5% of the total market size.

THE COVID CRISIS HAS PROVIDED A SIGNIFICANT BOOST TO THE ADOPTION OF DIGITAL HEALTHCARE, ESPECIALLY FOR E-PHARMACIES. THE NUMBER OF HOUSEHOLDS USING E PHARMACY PLATFORMS ROSE SUBSTANTIALLY FROM ~3.5 MILLION PRE-COVID LEVELS IN FY20 TO ~9 MILLION IN MAY'20.

Organized Retail Pharmacy refers to trading activities undertaken by licensed retailers which include corporate-backed hypermarkets, retail chains and privately owned large retail businesses. Key players in this sector are also venturing into the market with either wholly owned pharmacies or through franchises and are also scaling up by setting up several service touch points in cities across India. They are changing the face of the pharmacy sector by bridging service gaps. The Organized retail pharmacy market size has been growing at an average of 22-25%. Industry reports expect the growth to be between 20-22% over the coming decade. Analysts expect investments in excess of USD 1 bn over the next few years in this sector.

The COVID crisis has provided a significant boost to the adoption of digital healthcare, especially for e-pharmacies. e-pharmacies account for 3% share of India's pharma market and are likely to account for 10-12% share in the next 10 years. The number of households using e pharmacy platforms rose substantially from ~3.5 million pre-COVID levels in FY20 to ~9 million in May'20.

e-Pharmacy Addressable Household† Penetration Forecasts (Number of households in million)



† Includes only the online shopper households willing to try eHealth

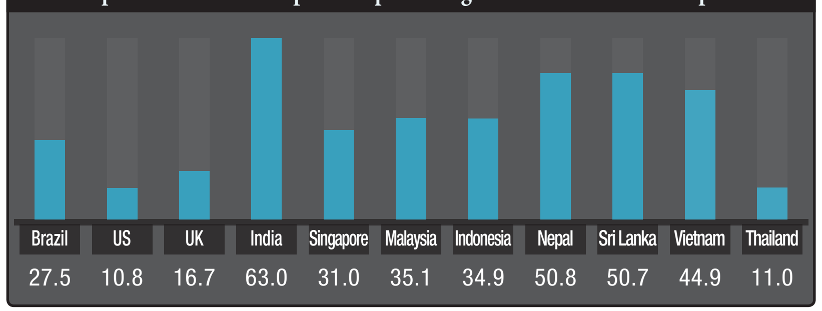
Source: ePharmacies at COVID-19 Frontline, FICCI

The online pharmacy market in India is at a very nascent stage as compared to the other developed economies. 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 also, which will help generate higher revenues for the sector. Additionally, these online pharmacies are also slowly gaining attention in the e-commerce industry space, both by the Government and consumers, with its impressive growing market penetration rate.

Growing Health Insurance market

Health insurance encourages demand for healthcare services as the insured pays a premium for the policy which is reimbursed by the insurer in case he/she has to undergo treatment on account of illness, sickness or disease. The insurance, to an extent covers the health expenses of an individual and reduces his/her burden of healthcare costs. Therefore, an increase in health insurance market will drive up demand for healthcare services.

Out-of-pocket healthcare spend as percentage of total healthcare expenditure



Source: Global Health Expenditure Database- World Health Organisation, CRISIL Research

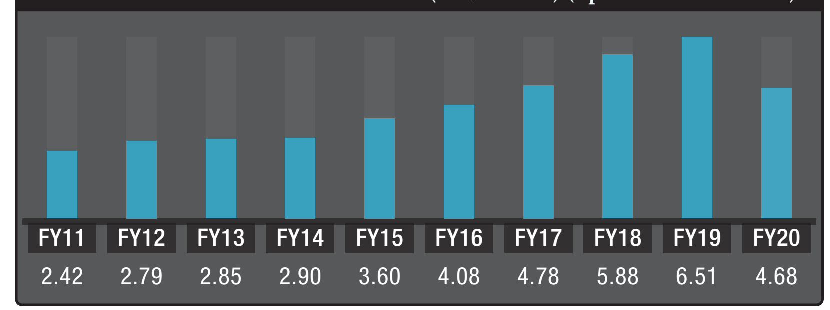
NEARLY 68% OF THE RURAL POPULATION AND 75% OF THE URBAN POPULATION USE THEIR HOUSEHOLD SAVINGS ON HEALTHCARE RELATED EXPENDITURE.

In India, out-of-pocket (OOP) expenditure on health accounted for nearly 63% of total health expenditure as of 2018; the highest among many other countries. Nearly 25% of the rural population and 18% of the urban population is dependent on borrowings for funding their healthcare expenditure. Also, nearly 68% of the rural population and 75% of the urban population use their household savings on healthcare related expenditure. Health expenditure contributes to nearly 3.6% and 2.9% of rural and urban poverty, respectively and annually, an estimated 60 to 80 million people fall into poverty due to healthcare-related expenditure. However, Pradhan Mantri Jan Arogya Yojana (PMJAY), is expected to easen healthcare affordability and reduce healthcare expenditure to some degree, especially for the deprived population .

HEALTH INSURANCE COVERAGE HAS INCREASED FROM 17% IN FISCAL 2012 TO 36% IN FISCAL 2020.

Low health-insurance penetration is one of the major impediments to the growth of the healthcare delivery industry in India, as affordability of quality healthcare facilities by the lower-income groups remains an issue. Health insurance coverage has increased from 17% in fiscal 2012 to 36% in fiscal 2020. As per the Insurance Regulatory and Development Authority (IRDA), nearly 499 million people have health insurance coverage in India (as of fiscal 2020), as against 288 million (in fiscal 2015), but despite this robust growth, the penetration in fiscal 2020 stood at only 36%. The growing incidence of disease coupled with low Government funding has led to an increase in the financial burden for healthcare among the general public. Against a backdrop of rising healthcare costs, this glaringly underscores the crying necessity for larger health coverage for the populace. The market for health insurance is definitely on the rise.

Health Insurance Premium Collection (US$ Billion) (up to November 2019)



Source: GIC

Schemes providing health insurance coverage to corporate employees are further helping market penetration of insurance players. Government-funded health insurance options are relatively less attractive as compared to those offered by private players, indicating private insurance coverage will grow at a higher rate. Given that a majority of Indians are not covered under a health insurance scheme, augurs well for the future growth of the health insurance segment in India.

THE GROWING MINDSET AMONG A LARGE SECTION OF THE POPULATION TO MAINTAIN GOOD HEALTH AND BE MEDICALLY FIT, SUPPORTS A SEAMLESS HEALTHCARE DELIVERY FORMAT TO TREAT MINOR ILLNESSES WITHIN A RELAXED ENVIRONMENT AS COMPARED TO A HOSPITAL.

Retail Healthcare

'Retail' in healthcare means creating opportunities for a clinical encounter in a marketplace other than a hospital. Basically, the philosophy of 'Retail Healthcare' is to meet the consumers' healthcare needs right where they are. Today, consumers are looking for convenience while selecting a healthcare provider and are increasingly 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 neighborhood has become very popular. Additionally, there is a growing mindset among the larger section of the population to maintain good health and be medically fit. This further supports a seamless healthcare delivery format to treat minor illnesses within a relaxed environment as compared to a hospital.

Such changing consumer preferences and increased use of technology have successfully influenced 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. In order satisfy consumers' demand for convenience and flexibility, healthcare providers are designing locally relevant spaces that are tailored to specific needs. These spaces are primarily focused 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. 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.

Globally, Retail healthcare has grown substantially over the last decade. All 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 neighborhoods. The retail healthcare delivery system supports the service provider for providing cost effective and quality services to consumers.

THE APOLLO NETWORK

10,209
BEDS

4,118
PHARMACIES

1175
HEALTHCARE CENTERS

SWOT Analysis

Strengths
- Widespread network
- High brand salience
- Proficient medical team with rich medical expertise
- Comprehensive offerings
- Technological experience

Weaknesses
- Capital intensive nature of industry
- Scarcity of experienced doctors and skilled medical professionals
- Intensive regulatory requirements
- Heterogeneous markets

Opportunities
- Medical value travel
- Changing demographics
- Enhanced access and lower cost of delivery through digital solutions
- Changing formats and consumer preferences
- Preventive health and wellness
- Underserved and poorly-served markets

Threats
- Heightened competitive intensity
- Changes in government regulations
- Increasing cost of resources
- Shortage of skilled manpower

Strengths

Widespread Network:

Over the years, Apollo Hospitals has steadily and gradually enhanced its presence to have a well-spread pan-India healthcare network. Apollo Hospitals' current footprint includes 10,209 beds, 4,118 pharmacies, 1175 national retail healthcare centers, and a deep online presence.

As a Pan-India service provider, Apollo Hospitals has established various touch points which facilitate smoother access for its patients. By providing premium world-class medical services over nearly four decades, Apollo Hospitals enjoys competitive advantages like increased customer experience, economies of scale, cost efficiencies, a wider reach, access to a large patient base and can leverage synergies.

The Company has established newer delivery models and formats such as day care, short stay surgery centres which has helped it to evolve and adapt to global trends while offering the consumer the complete continuum of care value proposition.

High Brand Salience:

APOLLO HOSPITALS IS RESOLUTE IN MAINTAINING LEADERSHIP POSITION BY EMBRACING INNOVATIVE CUTTING-EDGE TECHNOLOGY AND CLINICAL PROTOCOLS.

Apollo Hospitals has built and maintained a strong leadership position in the Indian healthcare industry during the 37 years of its existence. As India's leading integrated healthcare provider, Apollo Hospitals is respected in the industry. This position is commensurate with its unrelenting focus on consumer needs and safety. It is resolute in maintaining leadership position by embracing innovative cutting-edge technology and clinical protocols. The reputation and trust built over the years is a strong asset, and continues to help the Group attract large numbers of patients, very talented clinicians, and staff.

Proficient Medical Team with Rich Medical Expertise:

Apollo Hospitals' strong brand image and best in class working environment continue to attract and help retain top clinical and professional talent from India and abroad. The doctors and supporting medical personnel at Apollo Hospitals are not only well qualified but also possess rich experience in their respective fields. The efficient clinical and non-clinical staff at Apollo Hospitals is well trained to deliver the best possible clinical outcomes to patients. Apollo Hospitals' senior management team has established a strong eco-system, which enables and motivates staff in delivering a superior level of care.

The doctors at Apollo Hospitals have an enviable record of accomplishment whether it is in terms of performing critical surgeries or medical procedures. Their domain expertise is revered and has gained acknowledgement from patients across the globe. Many specialists across Apollo Hospitals continue to receive multiple accolades and awards at different healthcare forums due to their expertise in the field of medicine.

APOLLO HOSPITALS HAS BEEN ABLE TO PROVIDE DIFFERENTIATED SERVICES THROUGH DIFFERENT ENTITIES, WHICH TOGETHER CONSTITUTE A FULLY INTEGRATED HEALTHCARE ECOSYSTEM.

Comprehensive Offerings:

Apollo Hospitals has taken considerable steps to ensure that access to quality care is not restricted to the hospital setting, but is also available outside of it or in a post hospitalization scenario. Today, Apollo Hospitals' breadth of service offerings successfully spans the entire value chain of healthcare services. Apollo Hospitals has been able to provide differentiated services through different entities, which together constitute a fully integrated healthcare ecosystem. It is important to note that each of these healthcare offerings has its own identity and asserts its own special expertise. However, at the core and in ideology, each remains essentially Brand Apollo.

Technological experience:

Since its inception, Apollo Hospitals has given utmost importance to constantly enhancing and adopting newer technologies. The Company has always remained at the forefront in outlaying necessary capital for embracing the best available advanced medical technology. This approach has gone a long way in enabling Apollo Hospitals to provide seamless treatment to its patients.

APOLLO HOSPITALS HAS RECENTLY LAUNCHED ITS ADVANCED APP, APOLLO 24/7, WHICH PROVIDES A PLATFORM FOR VIRTUAL CONSULTS WITH DOCTORS, INTEGRATED MEDICAL RECORDS AND PRESCRIPTIONS, AND THE ABILITY TO FILL PRESCRIPTIONS THROUGH APOLLO PHARMACY.

Additionally, in order to provide patients smooth access to Apollo Hospitals services, the Company has built an integrated online platform called 'Ask Apollo', using which, patients enjoy several benefits like booking doctor appointments and scheduling online consultation for basic medical needs. Most recently, Apollo Hospitals has launched its advanced App, Apollo 24/7, which provides a platform for virtual consults with doctors, integrated medical records and prescriptions, and the ability to fill prescriptions through Apollo Pharmacy.

Weaknesses

Capital Intensive Nature of Industry:

The Healthcare industry is highly capital intensive. The basic requirements for operating a medical facility such as land, construction costs for specialized interiors, medical equipment and manpower, need high investments. These intensive capital requirements become barriers to entry into the industry and to expand operations. In addition, maintenance and upgradation of medical treatment technologies also requires considerable recurring expenditure. It is observed that once an enterprise is able to manage the initial capex requirement to set up a facility, the subsequent task of balancing day-to-day expenditure with competitive prices for healthcare services is challenging. Therefore, the basic cost of setting up and running a hospital is considerably high and escalates break-even levels while stretching viability.

Scarcity of experienced doctors and skilled medical professionals:

SKILLED WORKFORCE—DOCTORS, NURSES AND PARAMEDICAL STAFF COMPRISING LAB-TECHNICIANS, RADIOGRAPHERS AND THERAPISTS—ARE IN SHORT SUPPLY IN INDIA.

The healthcare services industry is workforce intensive. The quality of doctors and supporting healthcare professionals is critical to the eminence and efficiency of the business. India is a country with abundant workforce given the sheer size of its population. However, there is a huge gap in the provision of relevant education for a majority of this population and a dearth of competent training institutes for appropriate workforce skilling. Therefore, skilled workforce — doctors, nurses and paramedical staff comprising lab-technicians, radiographers and therapists — are in short supply. Skilled professionals in the healthcare industry enjoy attractive opportunities both in India and overseas. Intense competitiveness amongst healthcare providers in urban areas has led to unsustainable increases in remuneration for qualified personnel. The availability of skilled professionals is therefore a challenge for setting up and running a healthcare institution profitably in India.

Intensive Regulatory requirements:

Multiple licenses and approvals required to set up a hospital is another barrier for private players to expand their operations. Today, apart from licensing and approvals, the Government is also regulating the prices of drugs and consumables. It has to be understood that the value of output delivered by the sector is not just the sum of the value of inputs. There is an intrinsic value in the sum total of services that needs to be considered.

From a regulatory point of view, there are many requirements, which can prove to be onerous when compared to global norms like single window clearance. Better understanding between the various regulatory authorities and healthcare service providers is necessary. It is important to understand that private healthcare service providers cannot be equated with other businesses. Healthcare service providers have to be viewed from the perspective of the important contribution that they are making in ensuring the general wellbeing of the community.

Heterogeneous Markets:

With a diverse and growing population, the need for quality healthcare services is very pressing in India. The requirements are different even in markets, which are reasonably proximate. Every micro-market has a unique set of circumstances with variance in demographics, disease profiles, customer attitudes, seasonal variations, price sensitivity and so on. Hospitals in two different cities in the same state and even two facilities within the same city have different operating circumstances with varying parameters. This necessitates a higher degree of customization and monitoring.

Significant management oversight is required in the face of these complexities for sustaining clinical standards, balancing case mix, ensuring adequate volumes and upgrading technology regularly.

Opportunities

Medical Value Travel:

WORLD-CLASS HOSPITALS, EQUIPPED WITH BEST-IN-CLASS TECHNOLOGY, SKILLED MEDICAL PROFESSIONALS AND LOW TREATMENT COSTS HAVE STRENGTHENED INDIA'S POSITION AS A PREFERRED DESTINATION FOR MEDICAL TOURISM.

Medical Value Travel (MVT) is a growing multi-billion-dollar industry and is likely to grow further due to the many benefits that it offers to patients. World-class hospitals, equipped with best-in-class technology, skilled medical professionals and low treatment costs have strengthened India's position as a preferred destination for medical tourism. Indian hospitals are able to offer superior services at comparatively lower costs. The assurance of quality healthcare facilities and cost- effectiveness are the two main factors that have been attracting millions of patients from across the globe for medical treatment in India. Proactive steps taken by the Union Government like approving issuance of e-medical visas, have also contributed to the growth of medical value travel in the country.

Changing Demographics:

While India is blessed with a favorable demographic quotient given the relatively young population, it also has a very large number of ageing citizens in absolute terms. Therefore, Indian healthcare service providers have an opportunity to meet the healthcare expectations of the young and attend to the increasing healthcare requirements of the elderly. Alongside, the country is witnessing a sharp increase in disposable income among several groups, including a burgeoning middle class, who can afford to pay for quality healthcare. These evolving demographics present an exciting opportunity to service providers.

ONGOING DIGITIZATION AND THE INTRODUCTION OF NEW TECHNOLOGIES LIKE TELEHEALTH, ARE BREAKING DOWN BOUNDARIES AND CREATING PATIENT-CENTRIC HEALTHCARE SYSTEMS.

Enhanced access and lower cost of delivery through Digital Solutions:

Digital Technology will play a crucial role in enabling access to healthcare for India's masses. Ongoing digitization and the introduction of new technologies like telehealth, are already breaking down boundaries and creating patient-centric healthcare systems. Technology is enabling patients to book their appointments and opt for basic medical needs seamlessly from their homes. Doctors are able to access patient records at their fingertips and effortlessly provide consultations using digital technologies and telemedicine. Technological development in recent decades has opened up ways to reduce distribution costs and increase healthcare penetration. Such solutions will be most successful in extending connectivity to rural and remote areas and offering first-class care thus obviating the need to undertake lengthy travels to urban health centers.

Changing formats and consumer preferences:

The general perception is that some hospitals tend to be intimidating to patients who respond better in a more relaxed atmosphere. Today, patients largely prefer accessing single specialty centers and other healthcare delivery formats for non-critical ailments. In order to cater to this trend, healthcare service providers have been providing a variety of options such as short stay centers, single specialty centers, neighbourhood clinics, and home services. These alternate healthcare delivery formats are economically attractive, as they require lower capital investment, are able to achieve faster breakeven and deliver a better return profile. Some of these new formats have demonstrated greater specialization and the ability to create significant value as compared to larger multi-specialty hospitals.

Preventive Health and Wellness:

There is considerable rise in health awareness across the population of this country. People are increasingly realizing the importance of healthy living and are taking considerable efforts to adopt a healthy lifestyle. They are recognizing the importance of diagnosing a disease at an early stage and preventing critical progression. 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.

HEALTHCARE SERVICE PROVIDERS WHO ARE WILLING TO PENETRATE INTO SEMI URBAN AND RURAL AREAS WILL BENEFIT FROM A READY MARKETPLACE FOR THEIR SERVICES.

Underserved and Poorly-Served Markets:

Significant inequalities exist in the quality of healthcare services available in metro cities and large urban areas as compared to that in the rural areas of the country. India's rural population continues to experience access barriers to quality healthcare services. Even persons with better resources and financial means have to commute to metro / urban areas to gain access to medical treatment or related health care services. Healthcare service providers who are willing to penetrate into semi urban and rural areas will benefit from a ready marketplace for their services. Apollo Hospitals has already launched hospitals in several Tier 2 and Tier 3 locations to meet the demand in some of these areas. Reach has also been enabled through the establishment of hundreds of tele-medicine centers across the length and breadth of the country. This has helped augment the Apollo Hospitals brand image as a pan India player.

Threats

Heightened Competitive Intensity

The competitive intensity from unorganized as well as organized players continues to remain high. Given the growing demand for healthcare services, many entrepreneurs and business houses have been entering the healthcare business. The sector has been witnessing rising interest from private and foreign players. They intend to invest and venture in the various segments available in the healthcare industry. Most of these newer players are often offering services at lower costs as compared to established players and creating further competitive intensity. There are even pockets of overcapacity in certain metros and rising competition could lead to competitors adapting unfair practices in order to survive, hampering the growth and profitability of other players. Every market player, whether from the organized or the unorganized sector, is striving for market leadership.

Changes in Government regulations:

In the last few years, the Government of India has taken a number of positive initiatives, such as National Health Protection Scheme (NHPS) and Pradhan Mantri Jan Arogya Yojana (PMJAY), which have benefited the Indian healthcare sector. However, GST implementation had an adverse impact on health care service delivery costs and operating margins since hospitals were unable to utilize input GST credit on output services, as hospital services are under the exempt category.

The possibility of further regulatory interventions by Government agencies in the future is an existing challenge for Indian healthcare service providers.

Increasing cost of resources:

Healthcare service providers are required to deliver a reasonable return on invested capital growth to their shareholders. Controlling costs and finding ways to improve realizations seem to be the golden mean. However, input costs in healthcare have become significant and are expected to rise in the coming times due to increasing competition.

There is a substantial demand for certain finite resources such as land, quality medical professionals and equipment. Healthcare players also have to constantly enhance and adopt newer technologies which increases overall healthcare costs. Additionally, with the Government's thrust towards price reduction through regulation, there is a real threat of hospital finances being rendered unviable. The constraint of incurring higher costs leads to long gestation periods and relatively low returns on investment.

Shortage of Skilled Manpower:

There is an acute shortage of skilled healthcare resources in India. At 8 physicians and 21 nursing personnel per 10,000 population, India stands well behind other countries including 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.

COMPANY VISION

"Apollo's vision for the next phase of development is to 'Touch a Billion Lives'."

MISSION STATEMENT

"Our mission is 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"

Company Overview

Apollo Hospitals began its journey in the year 1983 as the country's maiden corporate hospital. Dr. Prathap C Reddy was the visionary behind the launch of this revolutionary foundation and is also fondly revered as the architect of modern healthcare in India. Since then, Apollo Hospitals has established itself as a shining beacon of excellence in the private healthcare space.

THE CORNERSTONES OF THE APOLLO HOSPITALS' LEGACY ARE ITS UNSTINTING FOCUS ON CLINICAL EXCELLENCE, AFFORDABLE COSTS, ADOPTION OF TECHNOLOGY AND FORWARD-LOOKING RESEARCH & ACADEMICS

Since its inception, Apollo Hospitals has laid a solid foundation in the retail healthcare ecosystem by venturing into various healthcare avenues like Hospitals, Pharmacies, Primary Care & Diagnostic Clinics and several Retail Health models, thus entrenching itself as Asia's foremost integrated healthcare services provider. AHEL has also established Telemedicine units across 10 countries, a Global Projects Consultancy Division, Medical Colleges, Medvarsity for e-Learning, Colleges of Nursing and Hospital Management, and a Research Foundation. The Company has also established a strong digital presence with 'ASK Apollo' which is an online consultation portal that completes the care continuum. Apollo introduced a vertical for preventive healthcare with a 3-year comprehensive preventive healthcare product known as 'ProHealth'. In addition to this, it also launched an advanced Application known as Apollo 24/7, which provides a comprehensive digital health platform and virtual doctor consultation.

Apollo Hospitals, since the beginning of its journey, has always placed utmost importance on delivering clinical excellence, affordable costs, adoption of technology and forward looking research & academics. Apollo Hospitals has been amongst the frontrunners in integrating technology while delivering best-in-class healthcare. The organization has had the foresight for adapting to the needs of the patients and has capitalized cutting-edge technology to cater to their needs. This very mindset has played a pivotal role in cementing its position as a pioneer in the Indian Healthcare industry. Recently, the first Proton Therapy Center in South East Asia commenced its operations at the Apollo Proton Cancer Center in Chennai. This is a testimonial to the dedication with which Apollo works to achieve its goal.

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

Apollo Hospitals has gained the trust of over 150 million patients from over 140 countries. At the core of Apollo Hospitals lies its patient-centric culture, TLC (Tender Loving Care), the magic that inspires hope amongst its patients.

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.

During its many years of operation, Apollo Hospitals has always contributed to society by launching a number of social initiatives to help the underprivileged sections of the society and to facilitate growth of the society as a whole. Apollo Hospitals launched the 'Save a Child's Heart Initiative' (SACHi) which monitors and provides pediatric cardiac care to underprivileged children with congenital heart disease. It also launched the 'Society to Aid the Hearing Impaired' (SAHI) and the CURE Foundation, which focuses on cancer care and assists children from financially challenged homes. Total Health is an initiative taken by Apollo Hospitals to introduce population health into the Indian narrative. It involved piloting a unique model of total health care and has been introduced in the Thavanampalle Mandal of Andhra Pradesh. The main aim of this initiative is to provide "holistic healthcare" for the entire community starting from birth, through one's journey into childhood, adolescence, adulthood and old age.

DURING ITS MANY YEARS OF OPERATION, APOLLO HOSPITALS HAS ALWAYS CONTRIBUTED TO SOCIETY BY LAUNCHING A NUMBER OF SOCIAL INITIATIVES TO HELP THE UNDERPRIVILEGED SECTIONS OF THE SOCIETY AND TO FACILITATE GROWTH OF THE SOCIETY AS A WHOLE.

Apollo Hospitals' relentless focus on delivering premium healthcare has often been recognized by the Government of India. On various occasions, they have issued commemorative stamps to mark the Group's widespread contributions - a first of a kind accolade for a healthcare organization. For example, a stamp was released to mark the 15th anniversary of India's 1st successful liver transplant performed at Apollo Hospitals. More recently, a postal stamp was released for successfully carrying out 20 million health checks, a pioneering effort to promote preventive health care in the country. Dr. Prathap C Reddy, Founder & Chairman of the Apollo Hospitals Group was conferred with the prestigious Padma Vibhushan Award, India's second highest civilian award in 2010.

Healthcare Services

The Apollo Hospitals' healthcare services segment consists of hospitals, hospital based and standalone pharmacies, retail health centres, and projects and consultancy services.

Hospitals

As of March 31, 2021, the Group had a capacity of 10209 beds across 71 hospitals located in India and overseas. Of the 10209 beds, 8816 beds are owned in 44 hospitals; 272 beds in 11 cradles; 270 beds in 11 day-care/short surgical stay centers; and 851 beds in 5 hospitals under management through operations and management contracts.

8,816
OWNED BEDS

272
CRADLE BEDS

270
DAY-CARE / SHORT SURGICAL STAY CENTRES BEDS

851
MANAGED BEDS

	31.03.2021	31.03.2020
Number of owned hospitals at end of period	66	66
Number of owned beds at end of period	9,358	9,352
Number of operating beds at end of period	7,409	7,491
In-patient discharges	352,624	478,032
Adjusted discharges	486,742	687,462
Average length of stay (days)	4.19	3.86
Average daily census	4,044	5,045
Bed occupancy rate (%)	55%	67%
Average revenue per occupied bed per day	40,214	37,397

Clinical Excellence

Clinical Excellence is the very edifice around which Apollo Hospitals' healthcare operations are structured. Over the years, it has been a consistent endeavor of the Group to deliver the highest standards of clinical outcomes across various specialties. Apollo Hospitals benchmarks itself against leading institutions with the best clinical performance in the world in their respective specialties, and sets internal standards with the intention to match or surpass this performance.

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 program 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.

Since 2008, there have been four revisions of the ACE parameters and their benchmarks in 2011, 2013 and 2015. The 4th revision of ACE under ACE 3.0 was completed in 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 extreme complexity such as transplants, cardiac care and oncology.

Training and Continuing Medical Education

Apollo Hospitals encourages its medical professionals and other staff to opt for continuing medical education and to upgrade their 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 facilitate knowledge sharing and deepening of the repositories of medical know-how and literature.

Academics and Research

Today, 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.

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

8
JCI

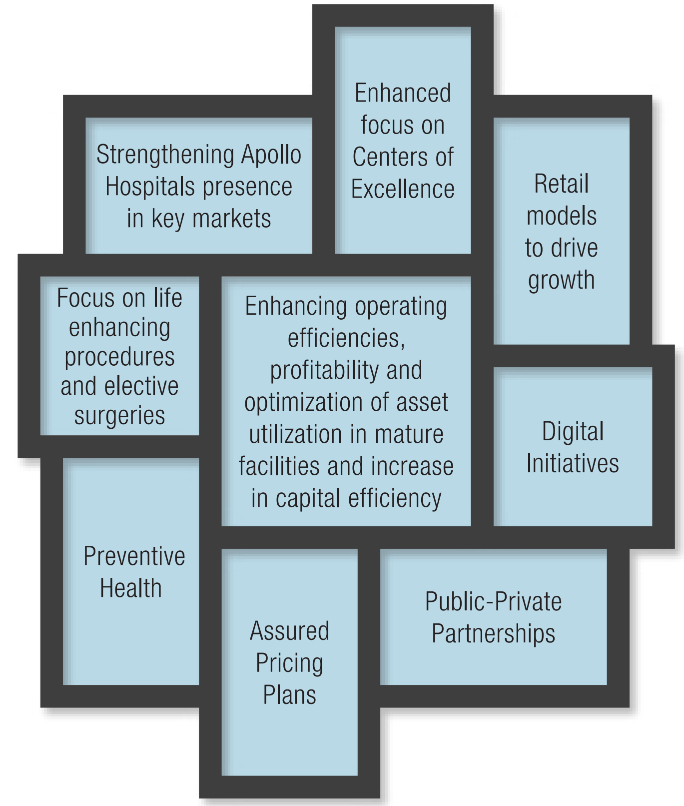
32
NABH

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. Apart from the Apollo Proton Cancer Centre which recently got JCI accreditation, the hospitals at Chennai, Bengaluru, New Delhi, Hyderabad, Kolkata, Ahmedabad and Navi Mumbai are JCI and NABH accredited. The total number of 'NABH' accredited hospitals in the Group are 32.

APOLLO HOSPITALS BELIEVES THAT HIGH-QUALITY TERTIARY CARE, SUCH AS TRANSPLANTS, ROBOTICS, AND COMPLEX PROCEDURES IN CARDIAC, ONCOLOGY, NEUROLOGY, AND ORTHOPEDIC SPECIALTIES, WILL CONTINUE TO BE IN HIGH DEMAND IN THESE MAJOR METROPOLITAN CITIES WHERE IT CURRENTLY OPERATES.

Strategic Focus Areas

The Company continues to focus on growth while aiming at improving operating efficiency and clinical outcomes simultaneously. The aim is to achieve this through:



1. Strengthening Apollo Hospitals presence in key markets

Apollo Hospitals has presence in major cities like Chennai, Hyderabad, Kolkata, Bengaluru, New Delhi, Ahmedabad, Mumbai, Pune, Bhubaneshwar, Madurai, and Mysore, among others. The Company aspires to not only enhance its presence in its existing clusters, but also to take necessary steps to expand its reach in critical urban markets where it is not currently present.

Today, Apollo Hospitals can be found in all four metropolises of India, namely Chennai, New Delhi, Kolkata, and Mumbai, as well as in major cities like Hyderabad, Bangalore, Ahmedabad, and Lucknow. Apollo Hospitals believes that high-quality tertiary care, such as transplants, robotics, and complex procedures in cardiac, oncology, neurology, and orthopedic specialties, will continue to be in high demand in these major metropolitan cities where it currently operates.

In its initiative to expand its network in Tier II and Tier III cities, Apollo Hospitals has launched the "Apollo Reach" initiative. The key demographic characteristics of these Tier II and Tier III markets are high population, sufficient spending potential and a largely underserved segment with respect to healthcare services. Apollo Hospitals' healthcare centers in these Tier II and Tier III cities will be set up at a considerably lower capital cost per hospital bed as compared to a Tier I city.

Currently, Apollo Hospitals has established hospitals in Tier II and Tier III districts of Aragonda, Bacheli, Bhubaneshwar, Bilaspur, Guwahati, Indore, Kakinada, Karur, Madurai, Nashik, Nellore, Ranipet, Tiruvannamalai, Trichy, Visakhapatnam, Karaikudi, and Karimnagar. There is considerable headroom for growth in these centers, given the current capacity and operational beds already generated.

2. Enhanced focus on Centers of Excellence

APOLLO'S STRATEGY OF PLACING KEY EMPHASIS ON COES WILL RESULT IN IMPROVED CASE MIX AND, AS A RESULT, A HIGHER MARGIN PROFILE.

One of the most important aspects of the strategy going forward will be to nurture and grow national Centers of Excellence (COEs) in focus specialties such as Cardiac Sciences, Neurosciences, Orthopedics, Oncology, Transplants, Emergency, Critical Care, and Preventive Health. Under the oversight of dedicated Service Line Managers, each of these COEs will be comprehensively built through Clinical Differentiation, Protocols, Outcomes and Benchmarks, Market Share, Talent, Academics, and Research. Placing key emphasis on COEs will result in improved case mix and, as a result, a higher margin profile. Such case mix changes and improvements will ensure that top-line growth and revenue quality are fully protected, as occupancy levels will improve to optimal levels.

3. Retail models to drive growth

Over the years, the Apollo Hospitals Group has consistently invested in a variety of retail healthcare formats. This initiative has allowed Apollo Hospitals to maximize the number of lives touched and to provide consumers with ease of access across the care continuum. The retail health assets are managed by Apollo Health and Lifestyle Limited, a subsidiary of Apollo Group (AHLL). Short-stay surgeries, boutique birthing, and ubiquitous access to clinics and diagnostics services cater to the changing profile of healthcare consumers, and thus will be future growth models. These formats are expected to support Apollo Hospitals' efforts to increase its brand recall and market share. Under the One Apollo initiative, the Group has also invested in ensuring that services in all formats are delivered seamlessly. This initiative aims to deepen relationships with Apollo Hospitals' consumers across categories-hospitals, pharmacy, clinics, and diagnostics, while also unlocking the potential for up-sell, cross-sell, and loyalty-driven behavior, using advanced analytics.

4. Focus on life enhancing procedures and elective surgeries

APOLLO HOSPITALS INTENDS TO ESTABLISH A STRONG PRESENCE IN THE EXPANDING MARKET OF ELECTIVE AND LIFE-ENHANCING PROCEDURES.

Elective or planned surgeries have been witnessing an increasing demand with rising health awareness and disposable incomes. As a result, in addition to focusing on 'Centers of Excellence,' Apollo Hospitals intends to establish a strong presence in the expanding market of elective and life-enhancing procedures. The hospitals are well-equipped to provide elective procedures such as knee and hip replacements, cosmetic surgeries, dental services, and other similar procedures. The plan for the future is to increase the volume of such procedures performed in hospitals by recruiting more specialist surgeons, establishing specialized centers, and investing in cutting-edge 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

Apollo Hospitals is focused on stabilizing and compressing time-to-maturity at new facilities. Specialist consultants have been recruited at Apollo Hospitals' COEs, especially at new hospitals to ensure a superior specialization mix. The phased commissioning of the additional beds linked to occupancy levels at new facilities will keep the fixed costs lower to achieve the Company's objective. Apollo Hospitals also intends to reduce its Average Length of Stay (ALOS) in the hospitals. Today, new improvements in medical technology and the advent of minimally invasive and robot-assisted surgeries have considerably reduced surgical trauma and patient recovery time. Enhancing this area will help the Company reduce the ALOS at its hospitals. Additionally, this will also lead to a faster turnaround time, allowing Apollo Hospitals to treat more patients utilizing the existing capacity. It will also result in increased patient turnover rate and revenue per occupied bed per day.

Maximizing the operating efficiency and profitability across the network remains the crux of Apollo Hospitals' growth strategy.

The three essentials for maximizing efficiencies are greater integration, better supply chain management and human resource development. By capitalizing 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 use of medical consumables by establishing guidelines for medical procedures.

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

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 and anytime-anywhere access to electronic health records - to improve accessibility and allow patients the flexibility of making a doctor appointment at their personal convenience.

The Group's collaboration with Microsoft to develop and deploy new AI and machine learning models to predict patient risk for heart disease and assist doctors with treatment plans is the first step toward AI-based predictive health across the disease spectrum. The Apollo Hospitals online expert opinion service for Oncology offers convenient and affordable access to Tumour Board Experts, 24 hours a day, seven days a week. The Group collaborated with Google India to launch 'Symptom Search,' a new feature in its Search offering. These are just a few examples of the innovative and exciting digital work that is being done across the Group. These digital initiatives will strengthen brand differentiation and foster long-term consumer relationships.

THE APOLLO GROUP WAS THE FIRST IN THE COUNTRY TO IMPLEMENT THE MASTER HEALTH CHECK PROGRAMME AND TO ADVOCATE FOR TAX BREAKS FOR HEALTH-CARE EXPENSES.

7. Preventive Health

Apollo Hospitals has always embraced wellness and recognized the importance of comprehensive Preventive Health programs for keeping citizens healthy. The Group was the first in the country to implement the Master Health Check Programme and to advocate for tax breaks for health-care expenses. This critical program is a cornerstone of the group's strategy for the next decade, as the country faces an on-going burden of Noncommunicable Diseases, the majority of which are preventable or can be easily detected, controlled, or cured through early-stage screening.

ASSURED PRICING PRIORITIZES THE INTRINSIC VALUE OF THE DELIVERED SERVICE OVER INDIVIDUAL INPUTS.

8. Assured Pricing Plans

To address the ongoing disparity between the cost and pricing of surgical procedures, assured pricing plans were introduced. This policy prioritizes the intrinsic value of the delivered service over individual inputs. Assured Pricing Plans have been introduced across a variety of surgical procedures. These plans provide complete peace of mind to patients and their families, as well as better marketplace conversations about treatment costs with General Practitioners and Nursing Homes.

9. Public-Private Partnerships

To realize the vision of universal healthcare for all citizens, a close collaboration of private and public partners is required. Today, private players are incentivized to invest and manage operations through public-private partnerships (PPP). PPP models in healthcare have proven to be very effective because they leverage each partner's unique strengths. For example, in partnership with the Andhra Pradesh Government, Apollo Hospitals manages over 150 Urban Primary Health Centers (e-UPHCs). These centers, in addition to providing primary health care, offer specialized services via connectivity with the Apollo Hospitals Tele-Health Hub. The models are low-cost, can be quickly scaled, and produce world-class results in both population health and specialist support.

Medical Value Travel

Medical Value Travel has been gaining strategic importance given its ability to create employment, encourage cultural exchanges, improve positioning of the country by projecting its 'soft power' and earning foreign exchange. Patients across the globe seek better quality and affordable health care options, availability of the latest medical technologies and accreditations, facilitation around hospitality services and minimal waiting time. India has been able to successfully emerge as one of the most affordable and best providers of healthcare among all medical tourism destinations. The country has been ranked in the top three destinations in Asia along with Thailand and Singapore. Apollo Hospitals is the flagbearer in the medical value travel space as it has been catering to patients from across the globe. Apollo Hospital provides state-of-the-art medical facilities and cutting-edge technologies, and has been attracting International patients in large numbers. The hospital group has a stellar track record of providing better clinical outcomes when compared to the best institutions in the world at a fraction of the International costs.

In recent years, Apollo Hospitals has stepped up its efforts of enhancing its global outreach by providing in-person consultations with senior specialists in overseas locations. The Group has set up several overseas camps to help patients connect with doctors. Through the Apollo Hospitals website and dedicated messaging service, International patients are able to easily schedule personal consultations for their treatment in India. These consistent strategic steps undertaken by Apollo Hospitals has given it the necessary competitive advantage to gain market share in the growing Medical Value Travel segment in India.

APOLLO HOSPITALS HAS BEEN PROVIDING A WIDE RANGE OF HIGH-QUALITY SERVICES TO PATIENTS FROM OVER 120 COUNTRIES, INCLUDING PREVENTIVE HEALTH CHECKS, ORGAN TRANSPLANTATIONS (KIDNEY, LIVER, AND CORNEA TRANSPLANTS), ROBOTIC SURGERIES, CANCER TREATMENTS, JOINT REPLACEMENT SURGERIES, COSMETIC PROCEDURES, EYE PROCEDURES, BRAIN AND SPINE SURGERIES, AND SO ON.

Apollo Hospitals has been providing a wide range of high-quality services to patients from over 120 countries, including Preventive Health Checks, Organ Transplantations (kidney, liver, and cornea transplants), Robotic Surgeries, Cancer Treatments, Joint Replacement Surgeries, Cosmetic Procedures, Eye Procedures, Brain and Spine Surgeries, and so on. The hospitals has successfully attracted large number of patients from countries like Pacific Islands, Afghanistan, Bangladesh, Iraq, Kenya, Nigeria, Ethiopia, Oman, Yemen, Sri Lanka, Uzbekistan, Myanmar and Nepal. The Group has entered into various agreements with the Ministries of Health of several other countries to treat patients referred by them.

The Government of India has launched a number of initiatives to promote medical tourism, which is helping improve India's image as a preferred destination for medical tourists. Initiatives such as facilitating visa on arrival and e-medical visa have made the modalities of admitting foreign patients a lot easier. The Niti Aayog Yojna has identified Medical Value Travel as one of the major growth drivers and a major source of forex earning. Apollo Hospitals has been leading advocacy in this area and has been working closely with the Indian Government, to ensure seamless implementation of new policy initiatives. The Group has also collaborated with the Ministry of External Affairs of the Government of India to train African doctors and paramedics. On the whole, today, Apollo Hospitals considers itself well placed to capitalize on the opportunity created by the country's growing Medical Value Travel segment.

APOLLO'S PHARMACY PLATFORM HAS REGISTERED A HEALTHY GROWTH OF 15% CAGR ON REVENUES.

Pharmacy Platform with an interest in the largest and fastest growing pharmacy network in India

Effective 1st September 2020, Apollo Hospitals recently completed the reorganization of its Pharmacy Platform business and divested its interest in the front-end retail stores of its Pharmacy Platform to Apollo Pharmacies Ltd ("APL"), in which it has a 25.5% equity interest with the remaining interest being held by three other investors. Post the reorganization, the Company does not have control over the front end retail pharmacy business operations.

Apollo Hospitals is the exclusive supplier for APL which operates India's largest stand-alone pharmacy chain with 4,118 outlets in key locations as of 31st March, 2021, under a long term supply agreement, and has also entered into a brand licensing agreement with APL to license (i) the "Apollo Pharmacy" brand to APL for use in retail sale of products in its front-end stores and (ii) the online pharmacy domain name "www.apollopharmacy.in" to APL for its undertaking and fulfilling of online retail sale orders.

The stand-alone pharmacies under APL offer a wide range of medicines, hospital consumables, surgical and health products and general "over-the-counter" products. Consumers are also offered other value added services such as home deliveries, prescription refill reminders and loyalty discounts. From fiscal 2018 to fiscal 2021, Apollo's Pharmacy Platform has registered a healthy growth of 20% CAGR on revenues. The number of stand-alone pharmacies grew at 11% CAGR from fiscal 2018 to fiscal 2021. The Apollo 24/7 app also offers online pharmacy by routing the fulfillment to APL. The Pharmacy Platform has consistently demonstrated growth in revenues, margins and return on capital employed.

The Pharmacy Platform also includes the pharmacy distribution business, with a robust supply chain and a strong nation-wide distribution channel which provides a competitive advantage on purchase-price over the mom-and-pop shops and other regional chains. The private label business has also been enhanced through broadening and deepening the product portfolio. In fiscal 2021, private label sales contributed to 9.95% of the total revenues from the Pharmacy Platform. Our Pharmacy Platform will continue to be a strong pillar of Apollo's diversified business model and contribute to its financial resilience and diversity given that the front-end retail pharmacy

OUR TECHNOLOGY PLATFORM APOLLO 24/7 OFFERS A FULL SUITE OF DISTINCTIVE AND DEDICATED DIGITAL HEALTHCARE OFFERINGS THAT ARE FULLY INTEGRATED TO TRACK A PERSON'S COMPLETE MEDICAL HEALTH AND WELLNESS JOURNEY.

business through our interest in APL, and our own pharmacy distribution business are both experiencing steady growth.

Apollo 24/7

Our technology platform Apollo 24/7 offers a full suite of distinctive and dedicated digital healthcare offerings that are fully integrated to track a person's complete medical health and wellness journey. From virtual consultations, online pharmacy, and filling prescriptions to using a platform that can leverage on-line and off-line records, to making artificial intelligence based health predictions in the future, it is available literally 24/7 to a consumer.

Going forward, Apollo 24/7 will provide artificial intelligence-based health predictions and become the center of a 360-degree healthcare continuum. This platform will evolve into a fully integrated digital ecosystem which will completely satisfy a consumer's healthcare needs across the spectrum. The Apollo 24/7 app had approximately 6.6 million registered users as of March 31, 2021.

Apollo 24/7 can cater to 700,000+ people daily from Apollo Pharmacies across the country for seamless home delivery of medications with a 2-hour delivery promise. The program will offer a well-being companion in the next phase. In the initial weeks of COVID in India, Apollo 24/7 launched an AI-based Corona risk screening tool, which helped consumers assess their COVID risk, and take appropriate action. Over 12.7 million users took the scan, and there have been several thousand downloads of the app. We now do over 2,300 consults a day via the app.

Pro Health

At Apollo Hospitals, we give 'Care' the same importance as 'Cure'. Preventive Health has been a key focus area for us for the last 36 years when we first introduced Master Health Checks. We completed 20 million health check-ups last year, a feat that was acknowledged by the Government with the release of a commemorative stamp. Drawing on this experience and learning, we have launched Apollo ProHealth, a proactive Health Management program. A first of its kind, this holistic, comprehensive health program, is powered by pHRA (personalised Health Risk Assessment), enabled by Artificial Intelligence. ProHealth empowers individuals and businesses with actionable health analytics, to know and eradicate health risks through appropriate clinical and lifestyle interventions. Driven by technology, the program also offers a personal Health Mentor as guide. We plan to create awareness regarding these preventive health initiatives amongst a wide section of people in the urban areas using mobile clinics. Well equipped with high-end technology for advanced screening of NCDs, the Samsung-Apollo Mobile Clinic will drive awareness on NCDs and facilitate early detection and preventive screening.

NON COMMUNICABLE DISEASES, INCLUDING CARDIOVASCULAR DISEASES, CANCERS, CHRONIC RESPIRATORY DISEASES, AND DIABETES, WHICH ACCOUNT FOR ABOUT 60% OF ALL DEATHS IN INDIA, CAN BE PREVENTED OR MANAGED BY MAKING APPROPRIATE LIFESTYLE CHANGES, IF DIAGNOSED EARLY.

Non Communicable Diseases, including cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes, which account for about 60% of all deaths in India, can be prevented or managed by making appropriate lifestyle changes, if diagnosed early. It is critical to undergo regular health check-ups to detect NCDs at an early stage to avoid future health related complications.

COVID-19 has brought the importance of good health to the fore. While over 80% of those affected have only mild symptoms and show good recovery, the prognosis is poor in patients with obesity, diabetes, hypertension, cardiac diseases and respiratory diseases - Studies have shown that 90% of hospitalized COVID-19 patients have one of these underlying conditions. These findings underscore the importance of good health in promoting a strong immune system to help fight off disease. These predictive and precautionary healthcare tools will help Predict, Prevent, and Overcome the ill effects of NCDs and mitigate potential health issues at an early stage.

Projects & Consultancy

Apollo's Global Projects & Consultancy services 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 of living. 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 Hospitals 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 maintaining accreditation status and international standards of quality
- 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 and audit and accreditation services so that people throughout the world can benefit with access to the highest quality of healthcare.

Health Insurance

Apollo Munich Health Insurance, which was a joint venture between the Apollo Hospitals Group and Munich Health Holdings AG was one of the first standalone health insurance companies to enter the market after liberalization of the Indian insurance industry.

From the time of its inception, Apollo Munich played a strategic role in carving 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 with an overall market share of 4.4% and 9% amongst private insurers. It also established its leadership in the industry by winning several awards with its market leading innovations and customer centric approach.

Having successfully incubated Apollo Munich from inception and with a view to unlocking value, in January 2020, the Company divested its 9.94% stake in Apollo Munich along with other shareholders forming part of the Promoter Group, to HDFC Limited for a sale consideration of ₹ 2,907 million subject to indemnity related adjustments. The Company also received a sum of ₹ 382 million towards JV termination fee from Munich Health Holdings AG.

Through this, the Company realized a net gain of ₹ 1,965 million through the divestment of its equity stake in Apollo Munich.

WITH A GOAL TO SERVE THE COMMUNITY THROUGH MULTIPLE TOUCH POINTS, AHLL WAS LAUNCHED WITH THE INTENTION OF TAKING HEALTHCARE SERVICES PURELY FROM A 'HOSPITAL' SETTING CLOSER TO THE HOME.

Retail Healthcare - AHLL

Apollo Health & Lifestyle Limited (AHLL), a subsidiary of the Company, operates in the Retail Healthcare space. AHLL was introduced with an intention to take healthcare services purely from a 'hospital' setting closer to the home within the neighborhood and with a goal to serve the community through multiple touch points. With the expertise of the large hospitals and the accessibility of local care providers, the offerings of AHLL position Apollo Hospitals as the family's healthcare partner with a comprehensive set of clinical capabilities. Due to the wide breadth of services of AHLL, the Apollo Group has become the only multi-brand national platform with direct contact with patients across the spectrum of medical care.

As a pioneer in creating replicable business models of healthcare clinics, this model has the potential to transform the way tertiary healthcare is understood in the country. So as the 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.

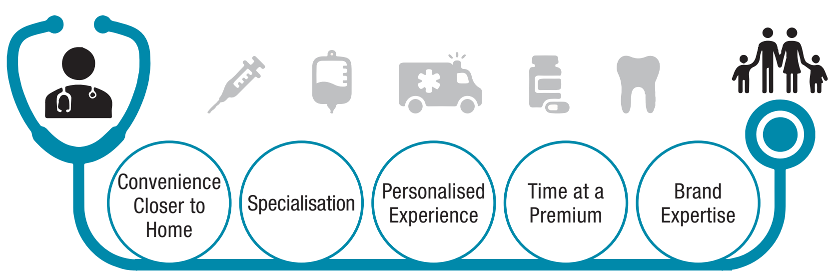
Apollo Health & Lifestyle has grown significantly in size and scale over the past 5 years to successfully encompass the Group Chairman's vision of bringing Apollo's clinical expertise and Tender Loving Care closer to each home in the world.

AHLL will continue to play a very important role in taking the Apollo brand closer to a large number of patients.

Across 1175 retail touchpoints in India, AHLL clinics provide an independent and specific service to the local community. Seen on a map, the locations span the length and breadth of the country, with clinics present in 20 states and 4 union territories. Whether it is dental care or diabetes, surgery or dialysis, the Group provides consumers the opportunity to seek out specialized care without needing to visit a large- scale hospital. The Group functions like a hub-and-spoke model, diverting patients on a need basis within the clinics and promoting cross-departmental collaboration with the hospital vertical. AHLL promises its patients the same level of care, comfort, expertise and experience that the community has come to expect of the brand, only closer to home.

Born with an aspiration to touch many lives, AHLL has grown today to become India's leading Retail Healthcare Services Company. Across all its business segments - Clinics, Sugar, Diagnostics, Dentistry, Dialysis, Cradle, Fertility & Spectra, AHLL revenues were at ₹ 6,818 million in 2020-21. AHLL has expanded its reach to more than 1150 patient touch points.

Healthcare services portfolio that addresses key consumer megatrends



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CENTERS

Apollo Clinics was the first offering from AHLL, established in 2002. Today, Apollo Clinic has become a trusted neighbourhood healthcare partner for family medicine and primary care. It has been serving as an important bridge between patients and Apollo Hospitals. Apollo Clinic represents a very large opportunity within the private primary care market, which is estimated to be more than ₹ 1,180,000 mio, a major part of it, still unorganized.

Apollo Clinics is well placed to become a platform to address future healthcare challenges in India, particularly the growth of non-communicable diseases. Apollo Clinics has owned clinics and franchisees in hospital centric clusters, e.g., Chennai, Hyderabad, Bangalore, Delhi, Kolkata. These act as feeder units for the tertiary care hospitals. This will increase the reach and presence of Apollo Clinics as a brand, as well as address the glaring issue of inadequate healthcare accessibility.

Apollo firmly believes that the efficacy of its treatments is predicated on accurate diagnostics. In India, around 80% of the estimated ₹ 450 bn diagnostics market 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.

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CENTERS

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 centers and networks in Tier II & Tier III towns in each state.

In its 5 years of operations, Apollo Diagnostics has established a widespread network of more than 796 touch points across 150+ cities in 19 states. As of 31st March, 2021 Apollo Diagnostics runs a network of 796, 48 own laboratories and 27 Hospital Lab Management centers with a network of more than 716 collection centers around them.

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CENTERS

Apollo Sugar Clinics addresses the lacuna of accessible, long-term care for diabetes. 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. Over the years, Apollo Sugar Clinics has actively expanded its footprint. It is currently present in 12 cities across India with 22 centers.

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CENTERS

Apollo Cradle, a line of premium 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. The expert team at Apollo Cradle renders impeccable maternity, gynecology, neonatal, pediatrics and fertility services from a state-of-the-art facility.

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, India presents a huge opportunity for the premium maternity / delivery market. Apollo Cradle has successfully grown the network in the last few years to 9 Cradles.

Apollo Fertility offers several specialized investigative and treatment procedures for infertility in men and women. Backed by Apollo Hospitals' 37 year legacy of clinical excellence and a network of 11 IVF centers, Apollo Fertility brings to the table unparalleled commitment towards successful outcomes.

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CENTERS

The concept of specialty care centers which is a well-accepted and successful healthcare delivery format in developed nations, is gaining significant acceptance in India as well. Short stay surgeries are conducted across multiple healthcare delivery formats - tertiary care multi-specialty hospitals, nursing homes, single-specialty hospitals and multiple specialty surgical centers.

Improved patient convenience due to faster treatment and early discharge, lower costs due to lower length of stay, reduced susceptibility to hospital-acquired infections and improved insurance coverage are the various factors driving this demand. Additionally, the model supports lower overhead costs, faster turnaround, and higher theatre and equipment utilization. Due to these reasons, a significant number of short stay centers have been coming up in India.

Today, Apollo Spectra is leading the way amongst the larger chain of hospitals providing short-stay surgical services across departments- Orthopedics, General Surgery, Urology, ENT & Bariatric Surgery. Apollo Spectra is a well- known brand in the field with 15 centers spread across 10 major cities of India.

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CENTERS

Apollo Dialysis was set up with the vision to facilitate dialysis treatment in a place that is convenient to the patient. Apollo Dialysis centers have been successfully providing high quality dialysis services to their patients. With a strong focus on treatment outcomes, the Group has established 17 dialysis units in the state of Andhra Pradesh (via PPP model), 26 units in the state of Assam (via PPP model), and this year started in the state of Bihar.

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CENTERS

Apollo White Dental is the most trusted chain of dental clinics in India with 62 Centers in 13 cities across the country, aiming to bring world-class dental care within reach of every Indian. This single specialty business provides comprehensive dental care facilities in all areas including general treatment, cosmetic dentistry and implants. Each of these centers provides the best ambience, and evidence- based updated treatments.

Going ahead, Apollo Hospitals aspires to create a profitable network, position the brand in metro cities and Tier II towns and grow the network through clusters. Apollo White centers exist in both hospitals and clinics and as standalone centers.

Proposal to create India's largest omni-channel digital healthcare delivery platform

Based on a detailed review of the Company's long-term strategy including the intent to create a distinctive digital ecosystem for providing a holistic healthcare platform which encompasses a wide range of healthcare services including enabling e-consultations and online ordering for delivery of medicines, the Board approved the proposal to go ahead with the transfer of the business undertaking comprising of the Pharmacy Distribution business and Apollo 24x7 online digital healthcare platform on a slump sale basis to a wholly owned subsidiary company, Apollo HealthCo Limited for a net consideration of ₹ 12,100,000,000 (Rupees Twelve Billion One Hundred Million Only) which is in excess of the net worth of the Business Undertaking sought to be transferred.

This move is expected to result in the following benefits:

1. Facilitate creation of India's largest omni-channel digital healthcare delivery platform and thereby enable huge funneling potential for healthcare consumers into the Apollo ecosystem

2. Enable the process of combining the strength of the Apollo Hospitals Group's offline healthcare leadership with new age digital offerings to address all healthcare consumer needs

3. An asset light approach (through digital offerings) would be followed to fuel growth and achieve the objective of getting 100 million targeted registered users on the Apollo 24x7 digital platform in the next 5 years

4. An appropriate platform would be created for attracting a new pool of investor capital and to enable rapid scale up of the business,

The proposed transfer includes the Company's investment in the pharmacy retail business apart from all related assets and liabilities and is subject to receipt of regulatory approvals including shareholders and lenders approvals.

Fund Raise through Qualified Institutional Placement (QIP) issue

In January 2021, the Company raised equity proceeds of ₹ 11,699.99 million through a Qualified Institutional Placement process. There was tremendous response from several leading institutional investors and the issue generated strong demand being oversubscribed 12.5 times.

The proceeds of the issue were meant to be utilized towards the following purposes

(1) Financing the acquisition of the 50% equity stake held by Gleneagles Development PTE Ltd, Singapore in Apollo Multi Speciality Hospitals Ltd, Kolkata ("AMHSL" and formerly "Apollo Gleneagles Hospital Ltd, Kolkata") in which the Company earlier held a 50% equity stake at a consideration of Rs 4.10 billion. This acquisition is in line with the intent of growing Apollo's core healthcare delivery services in the Eastern Region of the country. Consequent to this development, AGHL has become a 100% wholly owned subsidiary of the Company.

(2) Funding inorganic growth opportunities: The impact of COVID-19 on healthcare institutions has resulted in opportunities for bolt-on acquisitions in select markets, where there is strong strategic focus for Apollo Hospitals. Our effort to raise funds was to be in a state of readiness to take advantage of those opportunities as and when they may arise. We believe this readiness would enable us make decisive moves in further cementing our position as a leader in the private healthcare space.

WE BELIEVE TECHNOLOGICAL DIFFERENTIATION WOULD CONTINUE TO BE AT THE CENTRE OF OUR PLANS TO DELIVER WORLD-CLASS HEALTHCARE.

(3) Investing in technology and digital initiatives: Ever since inception, bringing cutting-edge technology to India has been core to the beliefs of Apollo Hospitals. We believe technological differentiation would continue to be at the centre of our plans to deliver world-class healthcare. We planned to use an amount not exceeding ₹ 1.5 billion of the fund raise for investing in technology and other digital initiatives.

(4) Pre-payment and/ or repayment of outstanding borrowings and general corporate purposes: Other purposes, such as reduction of debt by way of prepayment and/or repayment of outstanding borrowings or other financial obligations, general corporate purposes, and other business exigencies as may be permissible under applicable law and approved by the Board of Directors of the Company or a duly authorised committee thereof.

Financials

Discussion on Consolidated Financial Performance and Results of Operations

The following table presents the summary of results of operations for the years ended March 31, 2021 and 2020

Particulars (₹ in million)	31.03.2021	%	31.03.2020	%
Operating Revenues	105,600		112,468	
Add: Other Income	450		270	
Total Income	106,050	100.00	112,738	100.00
Cost of Material consumed	16,233	15.31	18,092	16.05
Purchase of Stock in trade	41,861	39.47	37,967	33.68
Changes in inventory of Stock-in-trade	-1,252	-1.18	-1,070	-0.95
Operative expenses	56,842	53.60	54,989	48.78
Salaries and benefits	16,010	15.10	18,529	16.44
Administration & other expenses	21,374	20.15	23,077	20.47
Financial expenses	4,492	4.24	5,328	4.73
Depreciation and amortization	5,731	5.40	6,197	5.50

Particulars (₹ in million)	31.03.2021	%	31.03.2020	%
Profit before Income Tax – Exceptional & Extraordinary items	1,601	1.51	4,618	4.10
Exceptional items	606	0.57	1,983	1.76
Share of profit of equity accounted investee	8	0.01	-31	-0.03
Profit before tax	2,215	2.09	6,570	5.83
Provision for taxation	847	0.80	2,252	2.00
Profit after Tax (Incl. Minority Interest)	1,368	1.29	4,318	3.83
Add: Other Comprehensive Income	153	0.14	-6	-0.01
Total Comprehensive Income for the period	1,521	1.43	4,312	3.82
Less: Minority interest	-146	-0.14	-232	-0.21
Profit after minority interest	1,667	1.57	4,543	4.03

Revenues

The total operating revenue stood at ₹ 105,600 million in FY21, and healthcare revenue stood at ₹ 50,022 million. Revenues at existing hospitals were also supported by case mix improvements and pricing. The standalone pharmacy business witnessed 1.1% revenue growth from ₹ 48,206 million to ₹ 48,760 million in FY21. The number of stores within the network of Standalone Pharmacies was 4,118 in 2021 as compared to 3,766 stores as at March 31, 2020.

The following table shows the key drivers of Apollo Hospitals revenues for the periods presented:

Year ended March 31, 2021

Particulars	31.03.2021	31.03.2020	increase (decrease)	% increase (decrease)
IP Discharges	352,624	478,032	-125,408	-26.23
Revenue per Inpatient (₹)	141,687	117,151	24,536	20.94
ALOS	4.19	3.86	-	-
OP Volume	4,278,680	4,328,055	-49,375	-1.14
Revenue per bed day (₹)	40,214	37,397	2,817	7.53

Expenses

Salaries and Benefits

Expenses Salaries and Benefits : Salaries and benefits expense of ₹ 18,529 million during 2020 decreased by 13.60% to ₹ 16,010 million in 2021. This decrease arose as a result of the transfer of the front end operations of the stand alone pharmacies (SAPs) business segment to Apollo Pharmacies Limited and due to various cost optimisation measures taken by the company.

Year ended March 31, 2021 (₹ in million)

Particulars	31.03.21	% of revenue	31.03.20	% of revenue	increase (decrease)	% increase (decrease)
Salaries, wages and benefits (including managerial remuneration)	15,835	14.9	18,218	16.2	(2,383)	(13.08)
No. of employees	68,496		62,939			

Operative Expenses

During 2021, the material cost of ₹ 56,842 million increased by 3.37%, as compared to a figure of ₹ 54,989 million in 2020. The increase in material cost was mainly due to extra consumables used for Covid19 measures.

Administrative Expenses

The following table summarizes the operating and administrative expenses for the periods presented.

Year ended March 31, 2021 (₹ in million)

Particulars	31.03.21	% of revenue	31.03.20	% of revenue	increase (decrease)	% increase (decrease)
Repairs and maintenance	2,448	2.31	2,305	2.04	143	0.26
Rents and leases	498	0.47	930	0.82	-432	-0.36
Outsourcing expenses	3,577	3.37	3,557	3.16	20	0.22
Marketing and advertising	1,998	1.88	2,271	2.01	-273	-0.13
Legal and professional fees	1,105	1.04	1,165	1.03	-61	0.01
Rates & taxes	177	0.17	216	0.19	-39	-0.02
Provision for doubtful debts & Bad debts written off	1,310	1.24	752	0.67	558	0.57
Other administrative expenses	10,262	9.68	11,881	10.54	-1,619	-0.86
Total	**21,374**	**20.15**	**23,077**	**20.47**	**-1,703**	**-0.31**

Depreciation and Amortization

The depreciation and amortization expense decreased to ₹ 5,731 million during 2021, as compared to ₹ 6,197 million during 2020. The decrease is largely due to restricted replacement capex during the year and some capex transferred to Apollo Pharmacies Limited as a result of front end pharmacies (SAPs) business.

Financial Expenses

The financial expenses decreased to ₹ 4,492 million during 2021, compared to ₹ 5,328 million during 2020. The decrease is largely due to repayment of various term loans & credit facilities during the year.

Provision for Income Taxes

The provision for taxes during the year ended March 31, 2021 is ₹ 847 million compared to ₹ 2,252 million in the previous year ended March 31, 2020.

Key Financial Ratios

There are significant changes (i.e change of 25% or more as compared to the 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) attributed mainly due to reduction in profitability due to COVID-19 incidence as well due to the effect of the QIP issuance made during the year.

Return on Networth ratio decreased from 11.79% to 2.02% for the financial year ended 31st March 2021, calculated on a standalone basis.

Particulars	FY20-21	FY19-20
(i) Debtors Turnover	4.92	3.37
(ii) Inventory Turnover	11.68	8.17
(iii) Interest Coverage Ratio	3.16	4.27
(iv) Current Ratio	2.00	1.19
(v) Debt Equity Ratio	0.44	0.82
(vi) Operating Profit Margin (%)	2.03%	5.29%
(vii) Net Profit Margin (%)	1.15%	4.80%

Liquidity

The primary sources of liquidity are cash flows generated from operations as well as QIP proceeds during the year. The Company believes that its internally generated cash flows, amounts invested in liquid funds and 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 centers. These investments would assist to not only attract and retain physicians but also get more patient footfalls at Apollo Hospitals centers.

APOLLO HOSPITALS BELIEVES IT IS IMPERATIVE TO IDENTIFY BUSINESS SUSTAINABILITY RISKS AND OPPORTUNITIES ON AN ON-GOING BASIS AND INTEGRATE THEM INTO THE EXISTING RISK MANAGEMENT FRAMEWORK.

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 Hospitals 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 on-going 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.

Internal Controls

Apollo Hospitals is committed to maintaining a high standard of internal controls throughout its operations. An adequate and synchronized 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. Additionally, it also 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. The framework strictly adheres to various procedures, laws, rules and statutes. In addition to this, extensive budgetary control reviews form the mechanism for timely review of actual performance with forecasts.

At Apollo Hospitals, 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.

Environmental, Social and Corporate Governance (ESG)

Since its inception, Apollo Hospitals has worked relentlessly for the benefit of its patients and society as a whole. The Company holds an unwavering commitment to society and has strived hard every day to serve the interests of the community. Apollo Hospitals believes and places utmost emphasis on the fact that the success of the Company is directly linked to the progress of the people and communities it serves. It is deeply committed to and recognizes the pivotal role it plays in driving sustainable social growth. Keeping these values in mind, AHEL has always made concentrated efforts to strengthen its approach towards Environmental, Social and Governance issues.

APOLLO UNDERSTANDS THAT ITS SUCCESS IS INTIMATELY LINKED TO THE PROGRESS OF THE PEOPLE AND COMMUNITIES THAT IT SERVES AND THAT SOCIETY HAS GIVEN IT THE SOCIAL LICENSE TO OPERATE

Apollo Hospitals is committed and proactive with regards to managing the environmental impacts caused by its operations. It responds effectively to prevent these impacts and to ensure the well-being of its employees, patients and the society. Employees and patients are at the heart of the Apollo infrastructure and the Group is committed to ensuring their safety at all of its operations. The Company has a top priority to ensure the protection and conservation of the environment in which it operates, and this is not limited to the legal aspect of compliance.

Apollo Hospitals follows the 'Sustainable Sourcing and Purchase Policy' to ensure excellent Environmental, Social and Governance (ESG) practices throughout its value chain. Optimal utilization of resources during their life cycle and their proper disposal, are practices which are given key emphasis by the institution. The Company also ensures that all its suppliers, employees, recyclers and others are well aware of their responsibilities towards the society. The Apollo Framework ensures that all of its employees, regardless of their status (permanent, casual, temporary & contract) undergo safety and skills upgradation training based on their role, domain and individual needs. The Board of the Company has always been diligent in implementing laws and guidelines to ensure the safety of resources and all stakeholders.

"Our mission is 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"

—Dr. Prathap C Reddy

Apollo Hospitals abides by a set directives which ensures that the interests of all its stakeholders are protected in tandem with the Company's healthy growth. It also believes that there is a coherent relationship between a good corporate governance structure and maintaining long-term shareholder value. The Company does not support and actively discourages practices that are abusive, corrupt, or anti-competitive. The Corporate Governance structure of the Company reflects its value system, which encompasses its culture, policies and relations with its stakeholders. As a part of assessing the risk framework, the Company evaluates, identifies the crucial Environmental, Social and Governance risks and takes responsible steps towards mitigating them. Therefore, the ESG considerations are integrated across the Apollo Hospitals business and built into the policies and principles that govern how the Company operates.

Human Resources

Values defines a company. Apollo has always been a family, working together, crossing hurdles together, and notching up victories together. The Company's core values hold and unite the people for a common purpose. They exemplify what is fundamentally the Apollo culture which is what makes Apollo one of the leading healthcare providers in the world.

"The people that work in Apollo Hospitals form the very nucleus of the Group and their actions contribute to the Group's journey of touching a billion lives"

Apollo Hospitals which has always given utmost importance to excellence and innovation in the field of healthcare continues to place its focus on its most valued resource, its employees. The institution has always understood the importance of having a highly skilled workforce, which is proficiently trained to provide the highest standard of care. The people that work in Apollo Hospitals form the very nucleus of the Group and their actions contribute to the Group's journey of touching a billion lives.

In addition to the high level of skills, commitment and professionalism of its people, Apollo Hospitals strongly believes that proper management of human resources is extremely critical in providing high quality healthcare. The Group has therefore built an effective Human Resources department which supports the business in achieving sustainable and responsible growth. Apollo Hospitals has always strived hard in developing its workforce and building the right capabilities in the organization. It continues to focus on progressive employee relations policies, creating an inclusive work culture and building a strong talent pipeline. The Human Resources function contributes to the success of Apollo Hospitals and its employees through leadership, service and excellence in human resource management. The Human Resources department at Apollo Hospitals has been playing an important role in creating a conducive work environment for its employees and supports them throughout their employment life cycle.

The Apollo Hospitals family comprises of 68,496 employees as on March 31, 2021 (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. 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. Every employee of the Apollo Hospitals family embraces the Group's "Tender Loving Care" philosophy in dealing with patients and is committed to the Group Vision -"To Touch a Billion Lives."

"Excellence, Expertise and Empathy are the three words that define our culture."

Apollo Culture

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 energize talent. Commitment and competence of employees are key drivers of overall organizational performance and thus every endeavor is made to strengthen organizational culture and retain the best talent.

Rewards and Recognition

Rewards and Recognition is an integral part of the Organization's culture which believes that a satisfied individual contributes more. Consistent efforts are taken by the Company to recognize and reward its employees for their contributions.

Young Leader Award

Executives performance bonus

Employee of the year award

Service excellence award

Certificate of appreciation for service excellence

- Service Recognition Award
- Attendance Award
- Best Performer of the Month
- Honesty Award

Cautionary Statement

Some of the statements in this Management Discussion and Analysis that describe the Company's objectives, projections, estimates, expectations and predictions may contain certain 'forward looking statements' which are within the meaning of applicable laws and regulations. These statements and forecasts involve risks and uncertainty because they relate to events and depend upon circumstances that may occur in the future. There are a variety of factors that may cause real events or trends to vary significantly from those reflected or implied by these forward-looking statements and predictions. Important developments that could impact Company's performance include increased material costs, technology developments, significant changes in the political and economic environment, tax laws and labor relations.

CLINICAL GOVERNANCE

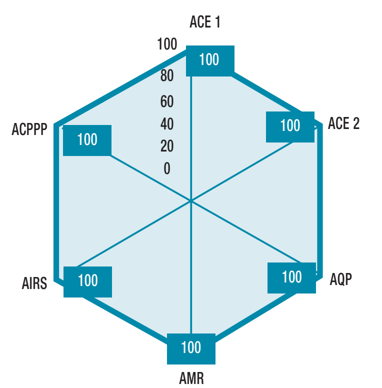
THE APOLLO STANDARDS OF CLINICAL CARE (TASCC)

The Apollo Standards of Clinical Care (TASCC) were implemented across Apollo Hospitals to standardize processes and measurement of outcomes. TASCC seeks to improve patient care and outcomes through systematic review of care against clearly defined criteria. TASCC comprises of eight 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).

ACE 1

ACE 1 is a clinical balanced scorecard incorporating 25 clinical quality parameters belonging to COE specialties like Cardiology/CTVS, Neurology, Neurosurgery, Orthopedics, Transplantation, Oncology, Nephrology, Urology, Gastroenterology. 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 US National Average.

TASCC Monthly Graphical Representation

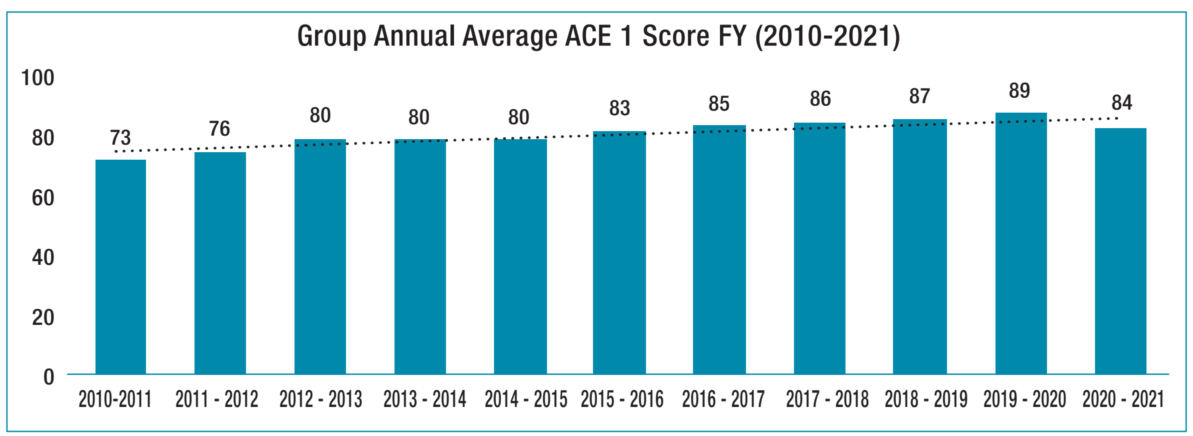


The weighted scores for outcomes are color coded green, orange and red as per performance. The cumulative score achievable is capped at 100. The numerators, denominators and inclusions and exclusions are defined lucidly and methodology of data collection is standardized. Data is uploaded online every month through a unique login ID and password. Action taken reports by all hospitals for parameters falling in red are submitted monthly for internal review and quarterly for review by 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.

ACE 1 was published as a case study by the Ivey School of Business, Canada.

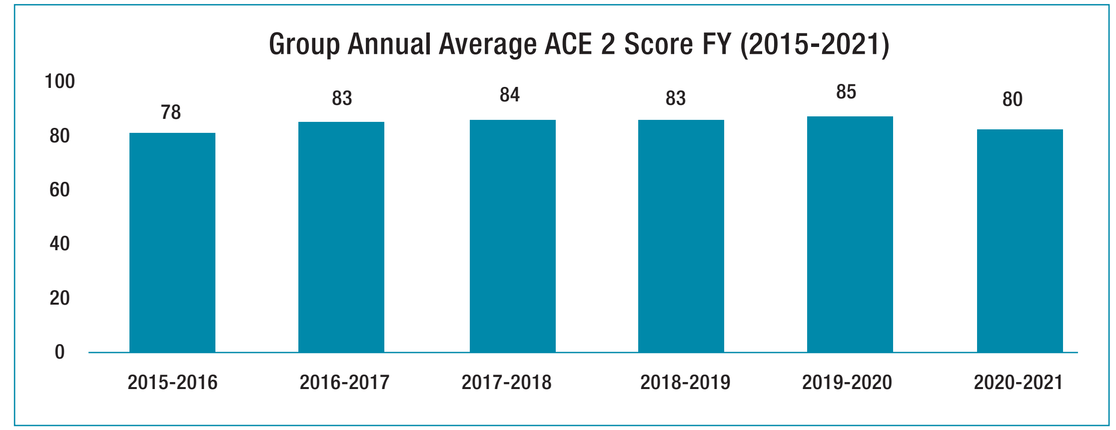
ACE 1 won the FICCI Healthcare Excellence Award.

There have been 4 revisions of parameters and their bench marks since 2008 during the years 2011, 2013, 2015 and 2017. The hospital scoring the highest awarded the ACE 1 champion award. Apollo Hospitals, Bangalore reporting Group A parameters. Apollo Hospitals, Seshadripuram, reporting Group B parameters and Apollo Reach Hospital, Karur reporting Group C parameters were declared ACE 1 Champions and were awarded trophies along with cash prizes.



ACE 2

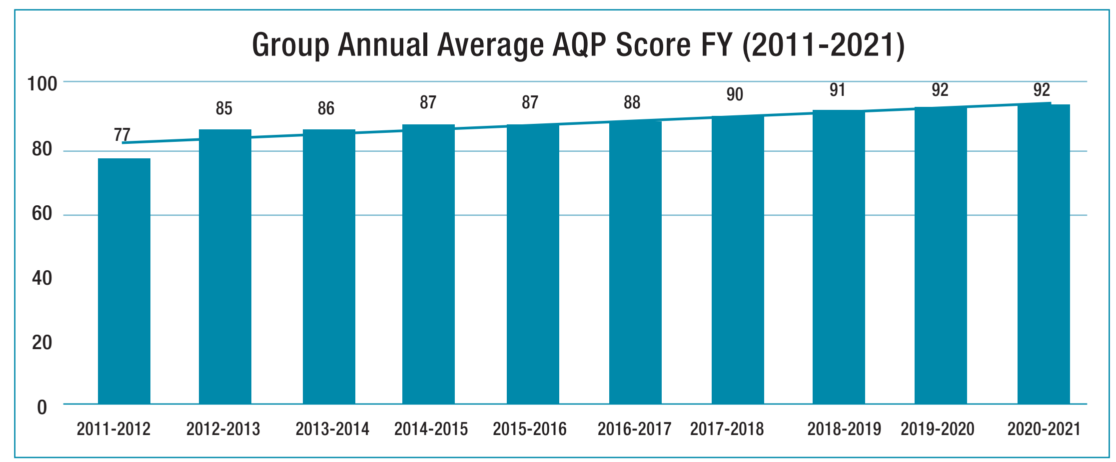
ACE 2 earlier known as RACE, is a dedicated dashboard for centers of excellence; Cardiac Sciences, Oncology, Transplantation, Neurosciences and Orthopedics. A set of 25 clinical parameters other than those covered under ACE 1, was created to assess the outcomes. All parameters were again benchmarked against the best published outcomes of the world's best institutions.



APOLLO QUALITY PROGRAM

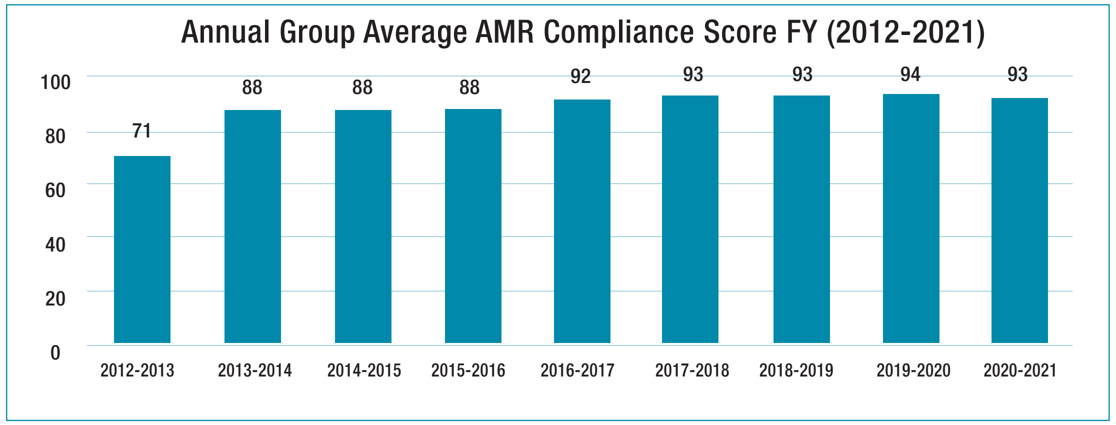
The Apollo Quality Program was started in December 2010 to implement patient safety practices in all Apollo Hospital Units irrespective of the accreditation status.

It covers five broad areas: Safety during Clinical Handovers, Surgical Safety, Medication Safety, the Six International Patient Safety Goals of JCI and Standardization of Minimum Content of Medical Records.



MORTALITY REVIEW

The mortality review in all Apollo Hospital units is standardized with trigger criteria, checklists, peer review processes and mortality meeting formats. Formal, structured review of deaths (not just unexpected deaths) helps detect quality issues around every day processes of care.



360 DEGREE REVIEWS

360 Degree Reviews were conducted virtually across the Apollo Hospitals. The review was done for the following disciplines namely- Clinical,Quality, Non-Clinical, Risk Management and Financial.

CHECKLISTS

The Apollo Safe Surgery Checklist, adapted from WHO and the Apollo ICU Checklist have been implemented across the Apollo Hospitals network and are closely monitored using defined indicators.

RECOGNITION

Apollo Hospitals was recognized and felicitated with over 40 awards at various national and international fora for various achievements and contributions, in the year 2020. Guinness World Records; Hospital Management Asia (AHMA); International Hospital Federation (IHF);ET HealthWorld Hospital Awards; Frost and Sullivan;FICCI; CII; The Best Hospital Survey – THE WEEK; Express Healthcare; Times Health Survey; Critical Care Hospital Ranking Survey; The Newsweek Ranking; are some of the platforms, out of the many, where Apollo Hospitals were honored.

ACCREDITATION

Joint Commission International (JCI) Accredited Apollo Hospitals

The following Eight Apollo Hospitals are JCI Accredited:

Hospital
Indraprastha Apollo Hospitals, New Delhi
Apollo Hospitals, Hyderabad
Apollo Hospitals, Chennai
Apollo Hospitals, Bangalore
Apollo Gleneagles Hospitals, Kolkata
Apollo Hospitals, Ahmedabad
Apollo Hospitals, Navi Mumbai
Apollo Proton Cancer Centre, Chennai

National Accreditation Board for Hospitals and Healthcare Providers (NABH) Accredited Apollo Hospitals

The following 32 Apollo Hospitals are NABH Accredited:

Hospital
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 Hospitals, Seshadripuram
Apollo KH Hospitals, Ranipet
Apollo Speciality Hospitals, OMR
Apollo Children's Hospital, Chennai
Apollo Hospitals, Vizag
Apollo Hospitals, Jayanagar
Apollo Hospitals, Guwahati
Apollo Hospitals, Karaikudi
Apollo Speciality Hospitals, Nellore
Apollomedics Super Speciality Hospitals, Lucknow
Apollo Women's Hospitals, Chennai
Apollo Hospitals, Karimnagar
Apollo Hospitals, DRDO
Apollo CVHF Heart Institute Ahmedabad
Apollo Speciality Hospital, Bangalore
Apollo Hospitals, Tondiarpet
Apollo Adlux Hospitals, Kochi
Apollo Institute of Medical Sciences and Research Hospital, Hyderabad

DNB/ FNB PROGRAM AT APOLLO HOSPITALS

The National Board of Examinations (NBE) has accredited Apollo Hospitals for training and examinations in 15 Broad Specialties, 21 Super Specialties and 8 Postdoctoral Fellowship (FNB) programs. There are 604 DNB/FNB seats and 969 trainees are pursuing the DNB/ FNB programs in 16 Apollo Hospital locations.

ADJUNCT TITLES OF PROFESSORSHIPS AND ASSOCIATE PROFESSORSHIPS OF AHERF

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. One hundred fifty five consultants have been conferred with Adjunct Titles of Professor and Associate Professor of AHERF in 54 specialties.

ADJUNCT TITLES OF CLINICAL TUTORSHIP, DISTINGUISHED CLINICAL TUTORSHIP AND EMERITUS CLINICAL TUTORSHIP OF AHERF

Senior faculty members from Apollo Hospitals Group, who have an active interest in clinical training are nominated for an adjunct title post. Twenty seven consultants have been conferred with Adjunct title of "Clinical Tutor", 83 consultants with Adjunct title of "Distinguished Clinical Tutor" and 3 consultants with "Emeritus Clinical Tutor" across the Group.

RECOGNITION OF PUBLISHED PAPERS

Apollo Hospitals encourages consultants, junior medical staff, DNB trainees and nursing department to undertake research activities in their areas of expertise and publish papers in indexed National and International Journals having an impact factor. Apollo Hospitals recognizes these achievements of publishing research papers with a cash award and citation from the Executive Chairman. Five hundred and six papers have been received from Apollo Hospitals Consultants for recognition which were published during 2020. Cash award and citation from Executive Chairman is given to those consultants whose papers are recognized by the committee.

ADJUNCT TITLE OF INTERNATIONAL PROFESSOR

Senior faculty members from renowned healthcare institutions overseas, who have excellence in academics and research are nominated for these titles. Twenty five 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. Fifteen books of Apollo Hospitals consultants have been recognized in 2020 with cash awards along with a citation from the Executive Chairman.

APOLLO INNOVATION AND QUALITY AWARDS

Nominations for Apollo Innovation and Quality Awards 2020 were invited from all locations in seven categories. In 2020, 142 nominations were received from 24 locations. The nominations were judged by an esteemed panel of independent jury members. The winners in each category were felicitated on 5th February 2021, on the Founders' Day.

APOLLO CLINICAL AWARDS

Apollo Clinical Awards is a platform that felicitates and rewards group consultants for their contribution and achievements. Nominations for Apollo Clinical Awards 2020, were invited from all locations in six categories: Distinguished Clinician, Distinguished Academician, Distinguished Researcher, Young Clinician, Young Academician, Young Researcher. Ninety-one 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 2020, on the Founders' Day. Dr Madan Mohan Reddy,Dr Rooma Sinha,Dr Bindu Menon,Dr Koushik Lahiri, Dr Pushpendra Nath Renjen, Dr Venkatesh T K,Dr Vimee Bindra, Dr Shyam Duvuru ,Dr Anand Murugesan, Dr Devachandran Jayakumar, Dr Srinivas Chilukuri, Dr Akshat Pandey, Dr Bharath Kumar T V, Dr Aruna R Patil, were felicitated with the Apollo Clinical Awards.

LEADERSHIP CONNECT PROGRAM (LCP- VIRTUAL AND TOWN-HALL)

Leadership Connect Program (LCP virtual) is an interaction of leading consultants and management team with the Executive Chairmant hrough a V-con to energize them. LCP provides an opportunity to consultants to interact with the Executive 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. In 2020-21, fifteen Virtual LCP meetings have been conducted.

APOLLO CLINICAL KNOWLEDGE NETWORK (ACKN)

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. Medvarsity serves as the driving engine for ACKN. The DNB/FNB Academic Coordinators of each unit are the single point of contact. Forty clinical meetings were conducted in the year 2020-21.

DISTINGUISHED LECTURES SERIES AT APOLLO INSTITUTE OF MEDICAL SCIENCES AND RESEARCH (AIMSR), HYDERABAD

Distinguished Senior Consultants deliver state of the art lectures to MBBS students at the Apollo Institute of Medical Sciences and Research, Hyderabad. The program initiated in October 2018. Fifteen lectures were delivered since then.

INNOVATIVE TREATMENTS

Apollo Children's Hospital

- Liver transplant was successfully performed for an 11-year-old female patient diagnosed with congenital hepatic fibrosis, a rare disorder with co-existing polycystic kidney disease.
- A 6-month old female child from Oman with absent food pipe (esophagus) was successfully operated. The stomach was converted into a food pipe, routed inside the chest behind the heart and lungs.

Apollo Proton Cancer Center

- Neuro-Oncology Cancer Management Team successfully treated South-Asia's youngest ever child (16 months old) with intensity modulated proton therapy (IMPT) who had been diagnosed with a high grade brain tumour (Anaplastic ependymoma).
- Successfully treated the first patient of liver cancer with proton therapy in India.
- Nine patients successfully underwent cerebral re-vascularisation. Four patients underwent carotid endarterectomy. The other five, including an 8-year-old pediatric patient underwent STA-MCA bypass.

Apollo Hospital, Ahmedabad

- A 49-year old female with reoccurrence of vaginal cancer post radiation, was successfully treated with a modified procedure - radical vulvo-vaginectomy with complete urethrectomy.
- A 32-year old male patient successfully underwent a complicated surgery to remove a rare cardiac tumour. The patient had presented with the features of mitral stenosis. The fibrocalcific tumour measuring 7x8 cm was resected along with the posterior wall of left atrium which was reconstructed using bovine pericardium.

Apollo Hospitals, Bangalore

- A complex procedure, fenestrated EVAR (Endo Vascular Aortic Repair) was successfully performed for a 76-year-old male patient diagnosed with abdominal aortic aneurysm (AAA).

- Liver transplant surgery was successfully performed for a patient suffering from cirrhosis with loss of eighty percent of liver function. The donor was a 24-year-old daughter of a patient who donated sixty-five percent of her liver.
- A tailored cytoreductive surgery with minimally invasive robotic assisted HIPEC procedure was successfully performed for a patient diagnosed with large obstructive sigmoid tumor, pelvic peritoneal metastasis and large tubo-ovarian mass.

Apollo Hospitals, Bhubaneswar

- A 19-year old female patient, with a rare diagnosis, OHVIRA SYNDROME (Obstructed Hemivagina with Ipsilateral Renal anomaly), successfully underwent corrective surgery. OHVIRA syndrome is an extremely rare condition found in 1 out of every 10 lakh females. This was the first ever case performed in the state of Odisha.
- Hyperthermic Intraperitoneal Chemotherapy (HIPEC) was successfully performed on a 52-year old female patient to treat an advanced ovarian cancer. The patient underwent radical surgery before being administered HIPEC. This procedure was performed for the first time in the state of Orissa.
- Valve in Valve procedure along with stent insertion in both major arteries was successfully performed for a 70 year-old male patient. The patient already had an aortic valve replaced with a bypass surgery done approximately 10 years back.He was considered a 'very high risk' case for a redo surgery

Apollo Hospitals, Bilaspur

- A first surgery in the state was successfully performed on a five and half months old, COVID-19 positive infant, a case of intussusception.
- Successful salvage of lower limb of a 56-year old male patient with post COVID status and diagnosed with left popliteal artery occlusion and bluish discoloration. He was advised amputation at another hospital.
- MICS (Minimally invasive cardiac surgery) programme initiated at Apollo Hospitals, Bilaspur. The first mitral valve replacement without sternotomy was successfully performed for a patient.

Apollo Main Hospitals, Chennai

- Successful valve replacement was done without surgery in a 22-year-old patient presented with severe pulmonary regurgitation and who had a surgery for TOF in the past. The procedure was done with Indian made valve, done for the first time in India (without stenting). This opens a new life for all those post TOF repairs where we can replace the valve without surgery.
- Double Lung Transplant during was successfully performed for a 39-year old patient. The patient had a deteriorated lung condition and was on ECMO (Extra Corporeal Membrane Oxygenation) since 46 days. This was the first successful Double Lung Transplant during the COVID Pandemic in India and country's longest patient on ECMO (46 days) prior to a successful double lung transplant
- Successfully performed the world's first largest artificial pulmonary valve (32mm) implantation, without surgery, on a 61-year-old female patient, diagnosed with severe valve leak.
- Fast Track Total Knee Replacement surgery was successfully performed for a 66-year-old female patient diagnosed with severe grade 4 osteoarthritis of knee joint with associated deformity. The patient was mobilized within 3 hours of surgery. This fast track TKR was performed for the first time in the state of Tamil Nadu.

Indraprastha Apollo Hospitals, Delhi

- A 10-month old baby from Malaysia, suffering from biliary atresia, successfully underwent liver transplant. The baby had developed jaundice a few days after birth, which progressively increased and led to liver failure. The baby underwent the procedure after the uneventful completion of the quarantine period, with her family. During the quarantine period with her family, the baby developed a rhythm disturbance with a very slow heart rate, which necessitated implanting a temporary pacemaker. Once condition stabilized, the transplant was carried out.
- A 50 kg tumor was successfully removed from the abdomen of 52-year-old female patient. This is the largest ovarian tumour ever to be operated in the world.
- A 62- year old female diabetic patient who had sustained a severe triad injury of the elbow around 8 months back, successfully underwent Total Elbow Replacement after optimization. This was a unique case as there is no reported literature for a successful total elbow replacement for a chronic neglected elbow dislocation with multiple fractures and ligament injuries.
- A robot-assisted surgery was successfully performed on a 31-year-old female patient to treat a rare form of a hereditary disease - multiple endocrine neoplasia type 2A (MEN2A). The patient had developed two tumours - one in the thyroid and another in the adrenal gland. The robot-assisted surgery helped to reduce the amount of bleeding and ensure precision in such a rare case.
- A 14-year-old boy with a rare tumour (juvenile angiofibroma-JA, protruding on the external side of the nose) was successfully treated at Indraprastha Apollo Hospitals, through endoscopic surgery. This kind of tumour is extremely rare, with 1 out of 50,000 people reporting this form of rare tumour in India.

Apollo Hospitals, Guwahati

- A young female patient successfully underwent excision repair of the placode with spinal tumor decompression and de-tethering of the cord. The patient had a cosmetic defect in the form of a "Human tail" with early bladder dysfunction and foot drop. The evaluation was suggestive of spinal dysraphism with L4-5 spinal intra dural tumor with tethered cord and S2 level placode.
- A middle aged female patient with chronic raised intra-cranial pressure due to large sphenoid wing meningioma was successfully managed. She was optimized rapidly through endovascular angio embolisation of the tumor at the cath lab followed by pterional skull based craniotomy with gross total excision of the tumor.
- A 22-year old male patient successfully underwent a single sitting cranial wound debridement with brain abscess tapping with titanium mesh cranioplasty with rotational flap transposition (with split skin graft from thigh). The patient presented with scalp infection, fungating brain with seizure, burn injury at the age of 6 days of life

Apollo Hospitals, Hyderabad

- Mandible reconstruction with virtual 3-D planning was successfully performed for a 45-year-old COVID patient. The patient had a large cancerous growth in the floor of his mouth destroying mandible, the lower jaw bone. The procedure was done for the first time in the state. It was the first such case in the country for a COVID recovered patient.
- Three renal transplants, from cadaveric donors were successfully performed within 12 hours. This was the first such feat in the State.
- In a first, the Hyderabad Metro was used for fast, uninterrupted transport for the heart of a 45-year-old brain-dead patient for transplantation into a needy patient. An eight-member team from Apollo Hospitals transported the donor heart from Kamineni Hospital in LB Nagar to Apollo Hospitals, Jubilee Hills on an exclusive passenger-free Metro train. The train covered 21 kms in less than 30 minutes. The 44-year-old recipient of this heart, suffering from dilated cardiomyopathy underwent a successful transplantation surgery and was discharged.
- A day care, minimally invasive left total hip replacement surgery was successfully performed on a 22-year-old patient from Somalia. The patient was discharged within seven hours after the surgery. The patient was able to sit, stand and walk within six hours' post-surgery.

Apollo Hospitals, Hyderguda

- Transfemoral Aortic Valve Replacement was successfully performed for a 68-year old male patient with congenital bicuspid aortic valve with calcification and tortuosity of arch of aorta

Apollo Hospitals, Indore

- Prolonged CPR was performed to save a 15-year old male patient with history of electrocution while bathing, most probably from the geyser switch. Patient was brought to the ER in an unresponsive state with no pulse and no BP. Post CPR which lasted for 45 minutes, the patient was shifted to the ICU for management and subsequently the ward.
- Central India's first and country's second Renal Denervation Therapy was successfully performed for a 56-year-old male patient having resistant hypertension since last 11 years. His blood pressure was not under control in spite of maximal doses and he also suffered from CVA. Special permission for this therapy was obtained from DGCI.

Apollo Hospitals, Jayanagar

- A 50-year-old male patient with a status of post lobectomy for pulmonary condition with persistently leaking broncho-pleural fistula, was successfully managed. Through flexible bronchoscopic guidance an ASD septal occluder device was implanted at the BPF successfully closing it. Patient had good recovery with resolution of empyema.

Apollo Hospitals, Karimnagar

- EPS/ablation procedure was successfully performed for a 64-year-old male patient with recurrent episodes of rapid palpitations, severe weakness and blackouts. This was the first EPS/ablation procedure performed in the state of Telangana.
- A 77 old male patient with gross filariasis and comminuted intertrochanteric fracture femur in the right leg was successfully managed. The patient had a neglected fall 6-months ago and had not taken medical treatment due to fear of COVID-19. He underwent hemi arthroplasty of hip with un cemented modular bipolar prosthesis with reconstruction of greater trochanter

Apollo Gleneagles Hospitals, Kolkata

- A 48-year old patient with repeated episodes of cardiac arrest and complete heart block, was successfully managed by an urgent insertion of a temporary pacemaker in the emergency room to resuscitate the patient. The patient was discharged after permanent pacemaker procedure was performed after the RTPCR test out to be negative
- Laparoscopic bilateral salpingo-oophorectomy, nipple sparing mastectomy of the left breast and reconstruction (risk reduction surgery) was successfully performed for a 37-year-old female patient, a BRACA positive case. Risk reduction surgery is rare in the Indian subcontinent and is the first to be performed in Eastern India.
- A middle aged male patient with progressive deterioration and loss of power in all four limbs with loss of voluntary effort for respiration, was successfully managed. An immediate diagnostic DSA confirmed the diagnosis of dural AV fistula. Right ICA angiogram revealed arterial feeders from recurrent ophthalmic artery and meningohypophyseal trunk of right cavernous ICA. Dilated torturous perimedullary draining veins was seen going down into the spinal canal. Endovascular embolisation of the fistula was successfully performed.

Apollomedics Hospitals, Lucknow

- A 75-year-old male patient who presented with ascending spastic quadriparesis with respiratory and bladder bowel involvement with mal-united odontoid fracture with severe cord compression at cranio vertebral junction, was successfully managed. The procedure, trans-oral anterior microscopic odontoid excision and posterior decompression and fusion, was performed on the patient without any complications. There was significant neurological recovery post-operatively. The patient was discharged on the 5th post-operative day.
- A difficult diagnosis of suprasellar and intra-ventricular craniopharyngioma with hydrocephalus, in a 7-year-old male child was successfully managed. The patient presented with severe headache, vomiting and blurred vision and growth retardation. Endoscopic burr hole excision was performed with no defects postoperatively. Hydrocephalus was relieved and no Diabetes Insipidus occurred. The patient was discharged after 3 days.

Apollo Hospitals, Madurai

- Epilepsy surgery was successfully performed for 2 children diagnosed with drug refractory focal epilepsy. One of them had focal cortical dysplasia, getting 100-200 seizures a day and other child had gliosis due to early perinatal insult with 10-15 seizures a day and repeated falls and injuries every day. This procedure was performed for the first time in the region.
- Deep brain stimulation (DBS) surgery was successfully performed for a young patient who was diagnosed with Parkinson's disease. This is the first deep brain stimulation (DBS) surgery in South Tamil Nadu.
- Successful treatment of a 78-year-old female patient suffering from sudden onset diplopia with visual deterioration and orbital cellulitis secondary to cavernous sinus thrombosis, septic sphenoidal focus. She underwent emergency endoscopic sphenoidal and optic decompression and drainage. Post the operation full vision and eye movement were restored

Apollo Hospitals, Mysore

- Permacath insertion was successfully performed for a 70-year old male patient with IHD (post PTCA), ESRD and on maintenance hemodialysis. This procedure was done for the first time in the Mysore region.

Apollo Hospitals, Nashik

- Successful management of a 35-year old female patient with a rare condition- Acute Fatty Liver of Pregnancy leading to Acute Liver Failure. Her course was complicated by disseminated intravascular coagulation (DIC), hemoperitoneum needing re-exploration and multiple blood transfusions, supraventricular tachycardia, Klebsiella pneumoniae and candida induced sepsis. Patient made complete recovery after 1 month of ICU stay.
- Successful en bloc resection of a large ulcerated, pedunculated, jejunal leiomyoma through endoscopic mucosal resection technique was successfully performed without any complication in a patient presenting with massive GI bleeding and hemorrhagic shock. The patient had other severe comorbidities like ischemic heart disease with cardiomyopathy, diabetes, hypertension and chronic kidney disease.

Apollo Hospitals, Navi Mumbai

- A 20 year-old female patient, a rare case of the Rosai Dorfman Disease was successfully diagnosed and managed at Apollo Hospitals, Navi Mumbai. An extremely rare case with probably less than 1000 cases in the world
- A 55-year-old COVID positive male patient with co-morbidities DM, HTN was successfully treated for severe breathlessness, ARDS, deranged LFT and RFT, DVT, pulmonary thrombosis and sepsis. The patient was provided intensive care treatment. Since the patient was developing gangrene, amputation of left leg below knee was performed as a life saving measure.
- A 56-year-old patient successfully underwent a heart transplant surgery at Apollo Hospitals, Navi Mumbai. The patient was suffering from ischemic dilated cardiomyopathy. The heart was harvested from a 31-year-old cadaver donor.

Apollo Hospitals, OMR

- A minimally invasive lumbar spine fusion through technique called oblique lumbar inters body fusion (OLIF) was successfully performed.
- A 20-year-old youth who accidentally fell from the 17th floor at a construction site was successfully managed at the emergency department. The patient had suffered severe traumatic brain injury with blood clots, multiple facial fractures, cervical spine fracture, liver and right kidney injuries and both lower limb bone fractures.

Apollo Hospitals, Secunderabad

- Forearm re-implantation was successfully performed for a 19-year-old farmer who had presented with complete amputation of right forearm. His right arm had been caught between crop cutting machines.

Apollo Cancer Institute, Teynampet

- A new technique the 'Tubeless VATS' was successfully performed to treat a 15-year-old male patient from Bangladesh, diagnosed with Ewing's Sarcoma of left femur. This minimally invasive procedure has been performed for the first time in India.
- Koch's kyphotic deformity was successfully diagnosed and managed for a 3-year-old boy. The patient had presented with head tilt to left side associated with restriction of head movement and kyphotic deformity of upper dorsal spine. The patient underwent posterior deformity correction D1 to D8 and appropriate medical management post biopsy with satisfactory correction of his kyphotic deformity.

Apollo Hospitals, Vanagaram

- Brain surgery successfully performed for a 35-year-old male patient diagnosed with stroke. The patient was unable to use his left arm and leg, had symptoms of facial paralysis and vision loss as well. Post-surgery, he underwent neuro-rehabilitation and recovered well.

Apollo Hospitals, Vizag

- Apollo Hospitals, Vizag is one of the few centres in India to conduct Intravascular Lithotripsy (IVL), the latest technology for treatment of severely calcified lesions in the coronary arteries. The procedure has been performed for 12 patients till date with 100% success rate.
- Ulnar collateral ligament (UCL) Repair by internal brace/ ligament augmentation was successfully performed for a 30-year-old male patient diagnosed with Golfers Elbow. This is the first surgery of its kind done in the state.
- A new surgical technique, Arthroscopic ACIC (Autologous Collagen Induced Chondrogenesis) using the modified Shetty-Kim technique was successfully performed to treat the osteochondral defect in the talar dome in the left ankle of a 37-year old male patient. This is the first time such kind of a technique has been used in AP, Telangana and adjoining regions.

CLINICAL GOVERNANCE COMMITTEE MEETINGS

The report of the Clinical Governance Committee meetings comprises of the details of each meeting conducted. It is shared by the units on a monthly basis. In FY 2020-21, 1085 Clinical Governance Committee meetings were conducted across all units.

APOLLO CLINICAL INNOVATION GROUP (ACIG)

ACIG has been formulated to introduce best practices and latest technologies to delineate clinical innovation for implementation acrossthe Apollo Hospitals Group. In 2020-2021, ACIG conducted 24 meetings and engaged 104 consultants to facilitate the formulation of 32 innovative proposals.

INDEPENDENT AUDITOR'S REPORT

To The Members of Apollo Hospitals Enterprise Limited

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 of the Balance Sheet as at March 31, 2021, and the Statement of Profit and Loss (including Other Comprehensive Income), the Statement of Cash Flows and the Statement of Changes in Equity for the year then ended, and a summary of significant accounting policies and other explanatory information (hereinafter referred to as "the standalone financial statements").

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 March 31,2021, 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 Responsibilities 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 together with the ethical 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 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.

Emphasis of Matter

We draw your attention to Note: 4.1.12 to the Financial Statements, which describes Management's assessment of the impact of COVID -19 pandemic on significant uncertainties involved in developing some of the estimates involved in preparation of the financial statement including recoverability of receivables, Property, plant & equipment including Capital work in progress and certain investments. Based on information available as of this date, Management believes that no further adjustments are required to the financial statements. However, in view of the highly uncertain economic environment, a definitive assessment of the impact is highly dependent upon circumstances as they evolve in future and the actual results may differ from those estimated as at the date of approval of these financial statement. 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 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.

Key Audit Matter	Auditor's Response
Allowances for credit losses relating to trade receivables As stated in Note 12, the Company has determined the allowance for credit loss based on historical loss experience which is adjusted to reflect current and estimated future economic conditions. The historical loss experience model takes into consideration the overall economic conditions and its impact on the customers' business operations/ability to pay dues. Based on such analysis the Company has recorded an allowance aggregating to Rs. Rs.1,137 Million as included Note 12 of the standalone financial statements. We identified allowance for credit losses as a key audit matter because the Company exercises significant judgment in calculating the expected credit losses.	**We performed the following principal audit procedures:** 1. We tested the design and implementation and operating effectiveness of controls over (a) development of methodology for the allowance for credit losses, including consideration of the overall economic conditions (b) completeness and accuracy of information used in estimation of the probability of default (c) computation of the expected credit loss allowances. 2. For a sample of customers under each category, verified publicly available credit reports and other information relating to the Company's customers to test if the Management had appropriately considered the adjustments to credit risk. 3. Recomputed the expected credit loss allowance considering the above determined input data and compared the amounts so recomputed with the amounts recorded by the Management to determine if there were any material differences individually or in the aggregate
Scheme of Arrangement The Scheme of Arrangement ('the Scheme') for transfer of front-end retail pharmacy business included in the standalone pharmacy segment ('divestment business') to Apollo Pharmacies Limited, a wholly owned subsidiary of Apollo Medicals Private Limited was approved by the National Company Law Tribunal vide their Order dated August 3, 2020. The Scheme was effective from September 1, 2020 ('effective date').As per the Scheme, accounting in the books of the Company is given effect as on the effective date considering the transfer of the divestment business with effect from April 1, 2019 ('appointed date'). Giving effect to the Scheme involves identification of the divestment assets and liabilities of the divestment business as defined under it and are subject to the provisions of the Scheme and accordingly has been identified as a key audit matter. Refer Note 55 for the disclosures on the Scheme of Arrangement.	**We performed the following key audit procedures:** 1. We obtained the Scheme and examined its terms and conditions for identification of the assets and liabilities to be transferred 2. Tested the internal controls over identification of such assets and liabilities, the accounting treatment in the books of accounts in compliance with the Scheme and other statues, as applicable 3. Tested the completeness of the assets and liabilities to be transferred and to be retained in the Company based on comparison with the Scheme and other discussions with the Management 4. Evaluated the accounting treatment for compliance with the Scheme and other statutes, as applicable and tested the resulting accounting entries recorded by the Company 5. Evaluated the appropriateness of the relevant disclosures in respect of the Scheme for compliance with the applicable accounting standards

Information Other than the Standalone Financial Statements and Auditor's Report Thereon

- The Company's Board of Directors is responsible for the preparation of the other information. The other information comprises the information included in the Management Discussion and Analysis, Directors' Report to the shareholders including Annexures to Board's Report, Business Responsibility Report, Corporate Governance, 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 Ind AS 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.

Those Board of Directors are also 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 Cash Flows and Statement of Changes in Equity 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 Ind AS specified under Section 133 of the Act .

   e) On the basis of the written representations received from the directors as on March 31, 2021 taken on record by the Board of Directors, none of the directors is disqualified as on March 31, 2021 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's Registration No. 117366W/W-100018)

Vikas Bagaria
Partner
Membership No. 060408)
(UDIN 21060408AAAACJ2676)

Place: Bengaluru
Date: August 7, 2021

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 to the members of Apollo Hospitals Enterprise Limited 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, 2021 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 Board of Directors of the Company 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, 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 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 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, 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, 2021, 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.

For **DELOITTE HASKINS & SELLS LLP**
Chartered Accountants
(Firm's Registration No. 117366W/W-100018)

Vikas Bagaria
Partner
Membership No. 060408)
(UDIN 21060408AAAACJ2676)

Place: Bengaluru
Date: August 7, 2021

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 to the Members of Apollo Hospitals Enterprise Limited)

(i) In respect of its property, plant and equipment:

(a) The Company has maintained proper records showing full particulars, including quantitative details and situation of property, plant and equipment.

(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 provided to us, we report that, the title deeds, comprising all the immovable properties of land and buildings which are freehold, are held in the name of the Company as at the balance sheet date. Title deed of a land with a carrying value of ₹ 94 million and measuring 30.14 acres allotted by Andhra Pradesh Industrial Infrastructure Corporation, is pending to be registered in the name of the Company. Immovable properties of land and buildings whose title deeds have been pledged as security for working capital facilities are held in the name of the Company based on the confirmations directly received by us from the lender. 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 and having regard to the amendment agreements where entered into during the year:

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, 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, Customs Duty, Goods and Service Tax, cess and other material statutory dues in arrears as at March 31, 2021 for a period of more than six months from the date they became payable.

(c) Details of dues of Income-tax, Customs Duty, and Value Added Tax which have not been deposited as on March 31, 2021 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	Madras High Court	AY: 2001-02	17
Income Tax Act, 1961	Income Tax	Honourable Supreme Court	AY: 2006-07	11
Income Tax Act, 1961	Income Tax	Honourable Supreme Court	AY: 2007-08	127
Customs Act, 1962	Customs Duty	Assistant Collector of Customs (Chennai, Hyderabad	1996, 1997	100
Value Added Tax Act, 2004	Value Added Tax	Commercial Tax Officer, Mysore	AY: 2014-15	0.44

(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 requisite approval mandated by the provision 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 3 (xii) of the 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) According to the information and explanations given to us, the Company has made private placement of shares during the year under review.

In respect of the above issue, we further report that:

i. the requirement of Section 42 of the Companies Act, 2013, as applicable, have been complied with; and

ii. the amounts raised have been applied by the Company during the year for the purposes for which the funds were raised, other than temporary deployment pending application.

(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 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's Registration No. 117366W/W-100018)

Vikas Bagaria
Partner
Membership No. 060408)
(UDIN 21060408AAAACJ2676)

Place: Bengaluru
Date: August 7, 2021

BALANCE SHEET AS AT MARCH 31, 2021

Standalone Financial Statements for the year ended March 31, 2021
(All amounts are in ₹Millions unless otherwise stated)

Particulars	Note	As at March 31, 2021	As at March 31, 2020
Non-current assets			
(a) Property, plant and equipment	5	43,068	46,487
(b) Right-of-Use Asset	6	5,888	12,891
(c) Capital work-in-progress	5.1	1,969	2,001
(d) Goodwill	7	841	948
(e) Other Intangible assets	8	583	231
(f) Intangible assets under development	53	223	265
(g) Financial Assets			
(i) Investments	9	11,345	10,488
(ii) Loans	10	312	382
(iii) Other financial assets	13	968	2,044
(h) Income Tax Asset (Net)	25	1,249	1,937
(i) Other non-current assets	17	469	618
Total Non - Current Assets		**66,915**	**78,292**
Current assets			
(a) Inventories	14	2,103	7,074
(b) Financial assets			
(i) Investments	9	9,562	275
(ii) Trade receivables	12	12,040	9,661
(iii) Cash and cash equivalents	15	2,393	2,805
(iv) Bank balances	16	1,689	660
(v) Loans	11	53	70
(vi) Other financial assets	13	567	857
(c) Contract assets		752	529
(d) Other current assets	17	1,218	1,219
Total Current Assets		**30,377**	**23,151**
Total Assets		**97,292**	**101,443**
EQUITY AND LIABILITIES			
Equity			
(a) Equity Share capital	18	719	696
(b) Other equity	19	51,296	39,188
Total Equity		**52,015**	**39,884**
Liabilities			
Non-current liabilities			
(a) Financial Liabilities			
(i) Borrowings	20	19,654	24,997
(ii) Other financial liabilities	21	7,432	14,218
(b) Deferred tax liabilities (Net)	23	2,978	2,913
Total Non - Current Liabilities		**30,064**	**42,128**
Current liabilities			
(a) Financial Liabilities			
(i) Borrowings	20	-	4,569
(ii) Trade payables	24		
(a) total outstanding dues of micro enterprises and small enterprises		165	63
(b) total outstanding dues of creditors other than micro enterprises and small enterprises		8,331	7,211
(iii) Other financial liabilities	21	4,920	4,973
(b) Provisions	22	975	1,084
(c) Other current liabilities	26	820	1,532
Total Current Liabilities		**15,212**	**19,430**
Total Liabilities		**45,276**	**61,559**
Total Equity and Liabilities		**97,292**	**101,443**

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

Krishnan Akhileswaran
Chief Financial Officer

Dr. Prathap C Reddy
Executive Chairman

Vikas Bagaria
Partner
Membership No. 060408

S M Krishnan
Vice President - Finance
& Company Secretary

Preetha Reddy
Executive Vice Chairperson

Place : Bengaluru
Date : August 7, 2021

Place : Chennai
Date : June 23, 2021

Suneeta Reddy
Managing Director

STATEMENT OF PROFIT AND LOSS

Standalone Financial Statements for the year ended March 31, 2021
(All amounts are in ₹ Millions unless otherwise stated)

Particulars	Note	Year Ended March 31, 2021	Year Ended March 31, 2020
Income			
Revenue from Operations	27	91,530	97,944
Other Income	28	181	109
Total Income		**91,712**	**98,053**
Expenses			
Cost of materials consumed	29	13,299	15,321
Purchases of Stock-in-trade		41,552	37,542
Changes in inventory of stock-in-trade	30	(1,276)	(1,043)
Employee benefit expense	31	12,751	15,192
Finance costs	32	3,438	4,259
Depreciation and amortisation expense	33	4,359	4,823
Other expenses	34	15,731	16,780
Total expenses		**89,854**	**92,874**
Profit before exceptional items and tax		**1,857**	**5,179**
Exceptional items	54	(91)	1,644
Profit before tax		**1,766**	**6,823**
Tax expense			
(1) Current tax (including tax expense of prior year)	35	621	1,182
(2) Deferred tax	35	95	939
		716	2,121
Profit for the year		**1,050**	**4,702**
Other Comprehensive Income			
(i) Items that will not be reclassified to statement of profit and loss			
(a) Remeasurement of the defined benefit liabilities (Net of taxes of ₹30; Previous year - ₹4)	36	(56)	7
		(56)	7
Other Comprehensive Income		(56)	7
Total comprehensive income for the Year		**994**	**4,709**
Earnings per equity share of par value of ₹5 each			
Basic (in ₹)	38	7.50	33.80
Diluted (in ₹)	38	7.50	33.80

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

Krishnan Akhileswaran
Chief Financial Officer

Dr. Prathap C Reddy
Executive Chairman

Vikas Bagaria
Partner
Membership No. 060408

S M Krishnan
Vice President - Finance
& Company Secretary

Preetha Reddy
Executive Vice Chairperson

Place : Bengaluru
Date : August 7, 2021

Place : Chennai
Date : June 23, 2021

Suneeta Reddy
Managing Director

Statement of Changes in Equity as on March 31, 2021

a. Equity share capital

a. Equity share capital	Amount
Balance as at April 1, 2019	696
Changes in equity share capital during the year	-
Balance as at March 31, 2020	696
Changes in equity share capital during the year	23
Balance as at March 31, 2021	719

b. Other Equity

Particulars	Reserves and Surplus						Remeasurement of net defined benefit plans	Total Other Equity
	General reserve	Securities premium reserve	Capital Reserves	Debenture Redemption Reserve	Other reserves #	Retained earnings		
Balance at April 1, 2019	**11,257**	**17,139**	**18**	**1,750**	**(633)**	**9,396**	**(788)**	**38,139**
Adjustment on adoption of Ind AS 116 (Refer note 46)						(2,109)		(2,109)
Adjusted balance as at April 1, 2019	**11,257**	**17,139**	**18**	**1,750**	**(633)**	**7,287**	**(788)**	**36,030**
Profit for the year						4,703		4,703
Other comprehensive income for the year, net of income tax							7	7
Payment of dividends (including dividend distribution tax of ₹264)	-	-	-		-	(1,551)	-	(1,551)
Transfer to Retained Earnings from Debenture Redemption Reserve	-	-	-	(500)	-	500	-	-
Balance at March 31, 2020	**11,257**	**17,139**	**18**	**1,250**	**(633)**	**10,938**	**(781)**	**39,189**
Profit for the year						1,050		1,050
Other comprehensive income for the year, net of income tax							(56)	(56)
Fresh issue of equity shares pursuant to Qualified Institutional Placement (QIP) (Refer note 19.2)		11,496						11,496
Payment of dividends						(383)		(383)
Transfer to Retained Earnings fromDebenture Redemption Reserve				(750)	-	750		-
Balance at March 31, 2021	**11,257**	**28,634**	**18**	**500**	**(633)**	**12,355**	**(837)**	**51,296**

The accompanying notes form an integral part of these standalone financial statements

\# Other reserves includes Capital Redemption Reserve and Reserves arising on transition from Previous GAAP to IND AS which are not available for distribution

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 : Bengaluru
Date : August 7, 2021

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : June 23, 2021

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 CASH FLOWS

Standalone Financial Statements for the year ended March 31, 2021
(All amounts are in ₹Millions unless otherwise stated)

Particulars	For the year ended March 31, 2021	For the year ended March 31, 2020
Cash flow from Operating Activities		
Profit for the year	1,050	4,703
Adjustments for:		
Depreciation and amortisation expense	4,359	4,823
Income tax expense	716	2,121
Loss on Sale of Property Plant & Equipment	26	24
Profit on Sale of Investments (Net)	(14)	(1,965)
Impairment in value of investment in subsidiary	80	321.20
Loss of fair valuation of equity investments	-	11
Finance costs	3,438	4,259
Interest from Banks/others	(122)	(105)
Dividend on non-current equity investments	-	(36)
Expected Credit Loss on trade receivables	1,110	591
Provision written back	(3)	(3)
Loss recognised in exceptional item pursuant to Scheme of Arrangement (Refer note 55)	11	-
Gain on fair valuation of mutual funds	(54)	(11)
Unrealised foreign exchange loss (net)	41	51
Operating Profit before working capital changes	10,639	14,783
Adjustments for (increase)/decrease in operating assets		
Inventories	(936)	(1,463)
Trade receivables	(4,901)	(1,213)
Other financial assets - Non current	(68)	(151)
Other financial assets - Current	2,635	(148)
Other non-current assets	(50)	90
Other current assets	(63)	(175)
	(3,383)	(3,061)
Adjustments for increase/(decrease) in operating liabilities		
Trade payables	1,699	1,860
Other financial liabilities - Non Current	1,001	9
Other financial liabilities - Current	(1,096)	(597)
Provisions	311	135
Other current liabilities	(55)	341
	1,860	1,747
Cash generated from operations	**9,116**	**13,470**
Net income tax paid	38	(2,509)
Net cash generated from operating activities (A)	9,154	10,961
Cash flow from Investing Activities		
Purchase of Property plant & equipment	(1,942)	(4,378)
Proceeds from sale of Property plant & equipment	6	11
Purchase of Investments in mutual funds	(14,440)	(1,633)
Proceeds from Non current loans	70	10

Particulars	For the year ended March 31, 2021	For the year ended March 31, 2020
Proceeds from sale of current investments (mutual funds)	4,283	549
Proceeds from sale of investment in associate		2,826
Proceeds from demerger of front end Standalone Pharmacy Business	5,278	-
Proceeds from current loans	18	10
Investment in Bank Deposits	(1,029)	(73)
Loans given to Subsidiary	-	(64)
Interest received	111	66
Dividend on equity investments	-	36
Net cash used in Investing Activities (B)	**(7,647)**	**(2,639)**
Cash flow from Financing Activities		
Proceeds from issue of equity instruments	11,520	-
Proceeds from Borrowings	4,650	6,929
Payments towards lease liability	(561)	(985)
Repayment of Borrowings	(13,368)	(7,505)
Finance costs	(3,614)	(4,595)
Dividends paid (including dividend distribution tax)	(383)	(1,551)
Net cash used in Financing Activities (C)	**(1,756)**	**(7,707)**
Net Increase in cash and cash equivalents (A+B+C) = (D)	(247)	615
Cash and cash equivalents at the beginning of the year (E)	**2,805**	**2,190**
Less:Transferred Pursuant to the scheme of arrangement	(165)	-
Cash and cash equivalents at the end of the year (D) + (E) (Refer Note 15)	**2,393**	**2,805**

Cash and non cash changes in liabilities arising from financing activities

Particular	April 1, 2020	Cash Inflow/ (Outflow)	Non-cash changes			March 31, 2021
			Addition to lease liabilities	Foreign exchange movements	Impact of De-merger	
Borrowings (inlcuding bank overdraft)	31,597	(8,718)	-	(67)	-	22,813
Lease Liabilities	15,412	(1,486)	1,512	-	(7,756)	7,682

Particular	April 1, 2019	Cash Inflow/ (Outflow)	Non-cash changes			March 31, 2020
			Ind AS 116 adoption	Addition to lease liabilities	Foreign exchange movements	
Borrowings (including bank overdraft)	32,391	(575)	-	-	(219)	31,597
Lease Liabilities	-	(2,258)	14,271	3,399	-	15,412

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 : Bengaluru
Date : August 7, 2021

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : June 23, 2021

For and on behalf of the Board of Directors

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

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.

During the year, pursuant to the Scheme of Arrangement as described in Note 55, the front end portion of the Retail Pharmacy segment ('Divestment business') has been disposed to an associate company, Apollo Pharmacies Limited. The effective date for the Scheme of Arrangement is September 1, 2020. Retail Pharmacy segment as presented earlier in these standalone financial statements includes transactions of the divestment business till the effective date. Post the disposal of divestment business, the Company has identified Pharmacy distribution as a new segment with effect from September 1, 2020.

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.

2 Application of new and revised Indian Accounting Standards (Ind AS)

The company has applied all the Ind ASs notified by the Ministry of Corporate Affairs.

Amendment to Ind AS 116 - Leases

The Ministry of Corporate Affairs (MCA) issued amendments to Ind AS 116, "Leases", provide lessees with an exemption from assessing whether a COVID-19-related rent concession is a lease modification. The amendments provide practical relief to lessees in accounting for rent concessions occurring as a direct consequence of COVID-19, by introducing a practical expedient to Ind AS 116.

The Company has elected to apply this amendment and accounted for change in lease payments resulting from the COVID-19-related rent concession in the same way as it would account for the change applying Ind AS 116 if the change were not a lease modification.

Accordingly, the Company recognised ₹99 million as a credit to lease rental expenses (as negative variable lease payment) presented within Other Expenses in the Statement of Profit and Loss for the year ended March 31, 2021.

AAmendments to Ind AS 1 and Ind AS 8 - Definition of "material"

The Company has adopted the amendments to Ind AS 1 and Ind AS 8 for the first time in the current year. The amendments make the definition of material in Ind AS 1 easier to understand and are not intended to alter the underlying concept of materiality in Ind ASs. The concept of 'obscuring' material information with immaterial information has been included as part of the new definition.

The threshold for materiality influencing users has been changed from 'could influence' to 'could reasonably be expected to influence'. The definition of material in Ind AS 8 has been replaced by a reference to the definition of material in Ind AS 1. In addition, the MCA amended other Standards that contain the definition of 'material' or refer to the term 'material' to ensure consistency.

The adoption of the amendments has not had any material impact on the disclosures or on the amounts reported in these financial statements

Amendments to Ind AS 103 - Definition of a business

The Company has adopted the amendments to Ind AS 103 for the first time in the current year. The amendments clarify that while businesses usually have outputs, outputs are not required for an integrated set of activities and assets to qualify as a business. To be considered a business, an acquired set of activities and assets must include, at a minimum, an input and a substantive process that together significantly contribute to the ability to create outputs.

The amendments remove the assessment of whether market participants are capable of replacing any missing inputs or processes and continuing to produce outputs. The amendments also introduce additional guidance that helps to determine whether a substantive process has been acquired.

The amendments introduce an optional concentration test that permits a simplified assessment of whether an acquired set of activities and assets is not a business. Under the optional concentration test, the acquired set of activities and assets is not a business if substantially all of the fair value of the gross assets acquired is concentrated in a single identifiable asset or group of similar assets. The amendments are applied prospectively to all business combinations and asset acquisitions for which the acquisition date is on or after 1 April 2020.

The Company does not have any business combinations in the current year and consequently these amendments do not have any impact on these financial statements.

2.1 New Accounting Standard not yet adopted by the Company

Ministry of Corporate Affairs ("MCA") notifies new standard or amendments to the existing standards. There is no such notification which would have been applicable from April 1, 2021.

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 June 23, 2021.

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 116 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 Significant 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 statement of profit and 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.

On disposal of the relevant cash-generating unit, the attributable amount of goodwill is included in the determination of the statement of profit and 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 was recognised at the date of initial application (i.e. April 1, 2018).The impact of the adoption of the standard on the financial statements of the Company was 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

The Healthcare services income include revenue generated from outpatients, which mainly consist of activities for physical examinations, treatments, surgeries and tests, as well as that generated from inpatients, which mainly consist of activities for clinical examinations and treatments, surgeries, and other fees such as room charges, and nursing care. 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.

The patient is obligated to pay for healthcare services at amounts estimated to be receivable based upon the Company's standard rates or at rates determined under reimbursement arrangements. The reimbursement arrangements are generally with third party administrators. The reimbursement is also made through national, international or local government programs with reimbursement rates established by statute or regulation or through a memorandum of understanding.

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 except for few specific services in the dialysis and oncology specialty where the performance obligation is satisfied over a period of time.

Revenue from health care patients, third party payors and other customers are billed at our standard rates recognised net of contractual or discretionary allowances, discounts or rebates to reflect the estimated amounts to be receivable from these payors.

3.5.2 Pharmaceutical, Fast Moving Consumer Goods (FMCG) and Private Label 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 & Brand Licence Fee

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.

In respect of Brand License fee, i.e. the revenue arising from the Brand Licensing Agreements, the revenue is recognised at the point in time when the licensee completes the contractual perfomance obligation.

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

Revenue recognised by the Company where services are rendered to the customer and for which invoice has not been raised (which we refer as unbilled revenue) are classified as contract assets. Amount collected from the customer and services have not yet been rendered are classified as contract liabilities.

3.5.8 Transaction Price

Revenue is measured based on the transaction price, which is the fixed consideration adjusted for discounts, estimated disllaowances,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.

Principal versus agent considerations

The Company is a principal and records revenue on a gross basis when the Company is primarily responsible for fulfilling the service, has discretion in establish pricing and controls the promised service before transferring that service to customers.

In limited instances, the patient services are provided by visiting consultants, who are doctors/medical experts without labor contracts with the Company and not considered as the Company's employees. As the visiting consultants have the discretion to take their patients to other hospital for the required treatment and set their own consultation fee charged to patients, the Company is an agent in such arrangement. The Company collects fees on behalf of the visiting consultants and records revenue at the net amounts as commissions.

Sometimes the Company engages third-party providers to provide medical examination and disease screening services. The Company evaluates the services provided by third parties to determine whether to recognize the revenues on a gross or net basis. The determination is based upon an assessment as to whether the Company acts as a principal or agent when providing the services. Some of the revenues involving third-party providers providing medical examination or disease screening services are accounted for on a net basis since the third-party providers are the primary obligor, have the latitude in establishing prices, and the customer has discretion in third-party provider selection.

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.

3.5.10 Trade accounts and other receivables and allowance for doubtful accounts

Trade receivables from healthcare services are recognized and billed at amounts estimated to be collectable under government reimbursement programs, reimbursement arrangements with third party administrators and contracutal arrangements with corporates including public sector undertakings. The billing on government reimbursement programs are at pre-determined net realizable rates per treatment that are established by statute or regulation. Revenues for non-governmental payors with which the Group has contracts are recognized at the prevailing contract rates. The remaining non-governmental payors are billed at the Group's standard rates for services and a contractual adjustment is recorded to recognize revenues based on historic reimbursement. The contractual adjustment and the allowance for doubtful accounts are reviewed quarterly for their adequacy. The collectability of receivables is reviewed on a regular basis.

Receivables where the expected credit losses are not assessed individually are grouped based on geographical regions and the impairment is assessed based on macroeconomic indicators.

Write offs are taken on a claim-by-claim basis. Due to the fact that a large portion of its reimbursement is provided by public health care organizations and private insurers, the Company expects that most of its accounts receivables will be collectible. A significant change in the Company's collection experience, deterioration in the aging of receivables and collection difficulties could require that the Company increases its estimate of the allowance for doubtful accounts. Any such additional bad debt charges could materially and adversely affect the Company's future operating results. When all efforts to collect a receivable have been exhausted, and after appropriate management review, a receivable deemed to be uncollectible is considered a bad debt and written off.

3.5.11 Revenue from Third Party Administrator (TPA)

Inpatient services rendered to TPA are paid according to a fee-for-service schedule. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient services generated through TPA are recorded on an accrual basis in the period in which services are provided at established rates.

The Group determines the transaction price on the TPA contracts based on established billing rates reduced by contractual adjustments provided to TPAs. Contractual adjustments and discounts are based on contractual agreements, discount policies and historical experience. Implicit price concessions are based on historical collection experience. Most of our TPA contracts contain variable consideration. However, it is unlikely a significant reversal of revenue will occur when the uncertainty is resolved, and therefore, the Company has included the variable consideration in the estimated transaction price.

3.6 Leases

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 Lessee

The Company enters into an arrangement for lease of land, buildings, plant and machinery including computer equipment and Furnitures. Such arrangements are generally for a fixed period but may have extension or termination options. The Company assesses, whether the contract is, or contains, a lease, at its inception. A contract is, or contains, a lease if the contract conveys the right to –

(a) control the use of an identified asset,
(b) obtain substantially all the economic benefits from use of the identified asset, and
(c) direct the use of the identified asset.

The Company determines the lease term as the non-cancellable period of a lease, together with periods covered by an option to extend the lease, where the Company is reasonably certain to exercise that option.

The Company recognises a right-of-use asset and a corresponding lease liability with respect to all lease agreements in which it is the lessee, except for short-term leases (defined as leases with a lease term of 12 months or less) and leases of low value assets. For these leases, the Company recognises the lease payments as an operating expense on a straight-line basis over the term of the lease unless another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed. This expense is presented within 'other expenses' in statement of profit and loss.

Lease Liabilities:

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the Company uses its incremental borrowing rate.

Lease payments included in the measurement of the lease liability comprise:

i) fixed lease payments (including in-substance fixed payments), less any lease incentives;
ii) variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
iii) the amount expected to be payable by the lessee under residual value guarantees;
iv) lease payments in optional renewal periods, where exercise of extension options is reasonably certain, and
v) payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The lease liability is presented as a separate line in the Balance Sheet under ""Other Financial Liabilities"". The lease liability is subsequently measured by increasing the carrying amount to reflect interest on the lease liability (using the effective interest method) and by reducing the carrying amount to reflect the lease payments made.

Lease liability payments are classified as cash used in financing activities in the Statement of cash flows.

The Company remeasure the lease liability (and makes a corresponding adjustment to the related right-of-use asset) whenever

i) the lease term has changed or there is a change in the assessment of exercise of a purchase option, in which case the lease liability is remeasured by discounting the revised lease payments using a revised discount rate.
ii) the lease payments change due to changes in an index or rate or a change in expected payment under a guaranteed residual value, in which cases the lease liability is remeasured by discounting the revised lease payments using the initial discount rate (unless the lease payments change is due to a change in a floating interest rate, in which case a revised discount rate is used).
iii) a lease contract is modified and the lease modification is not accounted for as a separate lease, in which case the lease liability is remeasured by discounting the revised lease payments using a revised discount rate.

Right-of-Use Assets:

The Group recognises right-of-use asset at the commencement date of the respective lease. Right-of-use asset are stated at cost less accumulated depreciation. Upon initial recognition, cost comprises of:

- the initial lease liability amount,
- initial direct costs incurred when entering into the lease,
- (lease) payments before commencement date of the respective lease, and
- an estimate of costs to dismantle and remove the underlying asset,
- less any lease incentives received.

Prepaid lease payments (including the difference between nominal amount of the deposit and the fair value) are also included in the initial carrying amount of the right of use asset.

They are subsequently measured at cost less accumulated depreciation and impairment losses. Right-of-use assets are depreciated on a straight line basis over the shorter period of lease term and useful life of the underlying asset. If a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Company expects to exercise a purchase option, the related Right-of-use asset is depreciated over the useful life of the underlying asset. The depreciation starts at the commencement date of the lease.

The Right-of-use assets are presented as a separate line in the Balance Sheet.

The Company applies Ind AS 36 to determine whether a ROU asset is impaired and accounts for any identified impairment loss as described in the impairment of non-financial assets below.

The Company incurs obligation for costs to dismantle and remove a leased asset, restore the site on which it is located or restore the underlying asset to the condition required by the terms and conditions of the lease. The Company has assessed that such restoration costs are negligible and hence no provision under Ind-AS 37 has been recognised.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and the Right-of-use asset. The related payments are recognised as an expense in the period in which the event or condition that triggers those payments occurs and are included in the line “other expenses” in the statement of profit and loss.

Effective April 1, 2019, the Company adopted Ind AS 116 “Leases” and applied the standard to all lease contracts existing on April 1, 2019 using the modified retrospective method except for one lease for which prospective approach is used and has taken the cumulative adjustment to retained earnings, on the date of initial application. Consequently, the Company recorded the lease liability at the present value of the lease payments discounted at the incremental borrowing rate and the right of use asset at its carrying amount as if the standard had been applied since the commencement date of the lease, but discounted at the Company’s incremental borrowing rate at the date of initial application. Comparatives as at and for the year ended March 31, 2019 have not been retrospectively adjusted and therefore will continue to be reported under the accounting policies included as part of our Annual Report for year ended March 31, 2019. On transition, the adoption of the new standard resulted in recognition of 'Right of Use' asset and a lease liability The cumulative effect of applying the standard was debited to retained earnings, net of taxes.

The effect of this adoption on the profit before tax, profit for the period and earnings per share is disclosed as part of Note 46. Ind AS 116 will result in an increase in cash inflows from operating activities and an increase in cash outflows from financing activities on account of lease payments.

Lease policy applicable before April 1, 2019

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.

3.6.2 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.

3.7 Foreign currencies

Exchange differences on monetary items are recognised in the statement of profit and 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 statement of profit and loss 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 statement of profit and 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 statement of profit and loss. Past service cost is recognised in the 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 Company 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.

3.9.2 Short-term and other long-term employee benefits

Leave Encashment

The employees of the Company are entitled to encash the unutilized leave. The employees can carry forward a portion of the unutilized accumulating leave and utilize it in future periods or receive cash as per the Companies policy upon accumulation of minimum number of days. The Company records an obligation for leave encashment in the period in which the employee renders the services that increases this entitlement. The Company measures the expected cost of leave encashment as the additional amount that the Company expects to pay as a result of the unused entitlement that has accumulated at the end of the reporting period. The Company recognizes accumulated leave entitlements based on actuarial valuation using the projected unit credit method. Non-accumulating leave balances are recognized in the period in which the leaves occur.

Other short term employee benefits

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 at net 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 utilized. 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.

Temporary differences arising as a result of changes in tax legislation. Accordingly, when additional temporary differences arise as a result of the introduction of a new tax, and not when an asset or a liability is first recognised, the deferred tax effect of the additional temporary differences should be recognised.

3.10.3 Current and deferred tax for the year

Current and deferred tax are recognised in the statement of profit and 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 the statement of profit and loss 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 such as replacing the interior walls of a building, or to make a nonrecurring replacement. The company recognises these amounts incurred in the carrying amount of an item of property, plant & equipment and depreciated 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 statement of profit and loss 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)	Over the lease term
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 derecognized 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 the statement of profit and 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.

Commencement of Depreciation related to property, plant and equipment classified as Capital work in progress (CWIP)involves determining when the assets are available for their intended use. The criteria the Group uses to determine whether CWIP are available for their intended use involves subjective judgments and assumptions about the conditions necessary for the assets to be capable of operating in the intended manner.

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 finite useful lives are evaluated for impairment when events have occurred that may give rise to an impairment. 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 Internally Generated intangible

Research costs are expensed as incurred. Software product development costs are expensed as incurred unless technical and commercial feasibility of the project is demonstrated, future economic benefits are probable, the Company has an intention and ability to complete and use the software and the costs can be measured reliably. The costs which can be capitalized include the cost of material, direct labour, overhead costs that are directly attributable to preparing the asset for its intended use.

The Company capitalizes certain development costs incurred in connection with its internal use software. These capitalized costs are related to the development of its software platform that is hosted by the Company and used by the customers. The Company capitalizes all direct and incremental costs incurred during the development phase, until such time when the software is substantially complete and ready for use.

The Company also capitalizes costs related to specific upgrades and enhancements when it is probable the expenditures will result in additional features, functionality and significant customer experience.

3.12.4 Derecognition of intangible assets

An intangible asset is derecognized 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 the statement of profit and loss.

3.12.5 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
Internally Generated Intangible Assets - Digital Platform	5 years

3.13 Review of useful life and method of depreciation

Estimated useful lives are periodically reviewed, and when warranted, changes are made to them. The effect of such change in estimates are accounted for prospectively.

3.14 Impairment of tangible and intangible assets other than goodwill

The carrying values of property plant and equipment and intangible assets with finite life are reviewed for possible impairment whenever events, circumstances or operating results indicate that the carrying amount of an asset may not be recoverable. 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 the statement of profit and loss.

If at the reporting date, there is an indication that a previously assessed impairment loss no longer exists, the recoverable amount is reassessed and the impairment losses previously recognized are reversed such that the asset is recognized at its recoverable amount but not exceeding written down value which would have been reported if the impairment losses had not been recognized initially. An impairment in respect of goodwill is not reversed.

3.14.1 Impairment of Goodwill and intangibles with indefinite useful lives

Goodwill and identifiable intangibles with indefinite useful lives are not amortized but tested for impairment annually or when an event becomes known that could trigger an impairment.

To perform the annual impairment test of goodwill, the Company identified its groups of cash generating units (CGUs) and determined their carrying value by assigning the assets and liabilities, including the existing goodwill and intangible assets, to those CGUs. CGUs reflect the lowest level on which goodwill is monitored for internal management purposes. For the purpose of goodwill impairment testing, all corporate assets and liabilities are allocated to the CGUs. At least once a year, the Company compares the recoverable amount of each CGU to the CGU's carrying amount.

3.15 Inventories

Inventories of medical consumables, drugs and stores & spares are valued at lower of cost or net realizable value. Net Realizable Value represents the estimated selling price in the ordinary course of business less 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. 'Stock in Trade' under Retail Pharmacy segment which include Pharmaceutical, FMCG and PL products are valued on weighted average basis till August 31, 2020.

c. 'Stock in Trade' under Pharmacy Distribution segment which include Pharmaceutical, FMCG and PL products are valued on weighted average basis with effect from September 1, 2020.

d. 'Stores and spares' is valued on First in First Out (FIFO) basis.

e. '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

Contingent liability is a possible obligation arising from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity or a present obligation that arises from past events but is not recognized because it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligation or the amount of the obligation cannot be measured with sufficient reliability.

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. The weighted average number of ordinary shares outstanding during the year is number of shares outstanding at the beginning of the year, adjusted by the number of ordinary shares issued during the year multiplied by a time-weighting factor.

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 and 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 and loss are recognised immediately in statement of profit and loss.

3.19.1 Financial assets

Excluded are trade accounts receivables. At initial recognition trade accounts receivables (in accordance with Ind AS 115) are measured at their transaction price and subsequently measured at carrying value as of initial recognition less impairment allowance (if any)

Investments in equity instruments are recognized and subsequently measured at fair value. The Company's equity investments are not held for trading. In general, changes in the fair value of equity investments are recognized in the income statement. However, at initial recognition the Company elected, on an instrument-by-instrument basis, to represent subsequent changes in the fair value of individual strategic equity investments in other comprehensive income (loss) ("OCI").

The Company's investment in debt securities with the objective to achieve both collecting contractual cash flows and selling the financial assets, and initially measured at fair value. Some of these securities give rise on specified dates to cash flows that are solely payments of principle and interest. These securities are subsequently measured at FVOCI. Other securities are measured at FVPL.

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.

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 the statement of profit and loss and is included in the "Other income" line item.

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 statement of profit and 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 statement of profit and 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 statement of profit and loss are included in the 'Other income' line item.

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.

The expected credit loss approach requires that all impacted financial assets will carry a loss allowance based on their expected credit losses. Expected credit losses are a probability-weighted estimate of credit losses over the contractual life of the financial assets.

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 measures the loss allowance at an amount equal to lifetime expected credit losses.

The impairment provisions for trade receivables is based on reasonable and supportable information including historic loss rates, present developments such as liquidity issues and information about future economic conditions, to ensure foreseeable changes in the customer-specific or macroeconomic environment are considered.

Significant increase in credit risk

In assessing whether the credit risk on a financial instrument has increased significantly since initial recognition, the Company compares the risk of a default occurring on the financial instrument at the reporting date with the risk of a default occurring on the financial instrument at the date of initial recognition. In making this assessment, the Company considers both quantitative and qualitative information that is reasonable and supportable, including historical experience and forward-looking information that is available without undue cost or effort. Forward-looking information considered includes the future prospects of the industries in which the Company's debtors operate, obtained from economic expert reports, financial analysts, governmental bodies, relevant think-tanks and other similar organisations, as well as consideration of various external sources of actual and forecast economic information that relate to the Company's core operations.

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 statement of profit and 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 statement 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 statement of profit and 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

In general, financial liabilities are classified and subsequently measured at amortized cost, with the exception of contingent considerations resulting from a business combination, noncontrolling interests subject to put provisions as well as derivative financial liabilities.

Financial liabilities subsequently measured at amortised cost

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 derecognized and the consideration paid and payable is recognised in the statement of profit and 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.

The change in fair value of derivatives is recorded in the statement of profit and loss.

Derivatives embedded in host contracts are accounted for as separate derivatives if their economic characteristics and risks are not closely related to those of the host contracts. These embedded derivatives are measured at fair value with changes in fair value recognized in the statement of profit and loss.

3.20 Segment Reporting

In accordance with Ind AS 108, Segment Reporting, the Group's chief operating decision maker ("CODM") has been identified as the board of directors. The Company's CODM evaluates segment performance based on revenues and profit by Healthcare, Retail Pharmacy (till August 31, 2020) and Pharmacy Distribution (with effect from September 1, 2020) segments.

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.

3.21.1 Discontinued operations

A discontinued operation is a 'component' of the Company's business that represents a separate line of business that has been disposed of or is held for sale, or is a subsidiary acquired exclusively with a view to resale. Classification as a discontinued operation occurs upon the earlier of disposal or when the operation meets the criteria to be classified as held for sale.

The Company considers the guidance in Ind AS 105 Non-Current assets held for sale and discontinued operations to assess whether a divestment asset would qualify the definition of 'component' prior to classification into discontinued operation.

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 statement of profit and 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 statement of profit and 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 the statement of profit and loss in the period in which they become receivable.

Government grants are recognised in statement of profit and 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 balance sheet and transferred to statement of profit and loss on a systematic and rational basis over the useful lives of the related assets.

3.23 Dividend

A final dividend, including tax thereon, on equity shares is recorded as a liability on the date of approval by the shareholders. An interim dividend, including tax thereon, is recorded as a liability on the date of declaration by the board of directors.

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

Use of estimates

The preparation of these standalone financial statements in conformity with Ind AS requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosures of contingent assets and liabilities at the balance sheet dates and the reported amounts of revenues and expenses during the reporting periods. Significant estimates and assumptions reflected in the Company's financial statements include, but are not limited to, expected credit loss, impairment of goodwill, useful lives of property, plant and equipment and leases, realization of deferred tax assets, unrecognized tax benefits, incremental borrowing rate of right-of-use assets and related lease obligation, the valuation of the Company's acquired equity investments. Actual results could materially differ from those estimates.

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 is determined using a discounted cash flow approach based upon the cash flow expected to be generated by the CGU. In case that the value in use of the CGU is less than its carrying amount, the difference is at first recorded as an impairment of the carrying amount of the goodwill.

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 ton reasonable and supportable information including historic loss rates, present developments such as liquidity issues and information about future economic conditions, to ensure foreseeable changes in the customer-specific or macroeconomic environment are considered.

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 determined using a discounted cash flow approach based upon the cash flow expected to be generated by the investment. In case that the value in use of the investment is less than its carrying amount, the difference is at first recorded as an impairment of the carrying amount of the goodwill.

4.1.5 Employee Benefits - Defined benefit plans

The cost of the defined benefit plans are based on actuarial valuation using the projected unit credit method. An actuarial valuation involves making various assumptions that may differ from actual developments in the future. These include the determination of the discount rate, future salary increases, attrition and mortality rates. Due to the complexities involved in the valuation and its long-term nature, a defined benefit obligation is highly sensitive to changes in these assumptions. All assumptions are reviewed at each reporting date.

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 point 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 depreciates property, plant and equipment on a straight-line basis over estimated useful lives of the assets. The charge in respect of periodic depreciation is derived based on an estimate of an asset's expected useful life and the expected residual value at the end of its life. The lives are based on historical experience with similar assets as well as anticipation of future events, which may impact their life, such as changes in technology. The estimated useful life is reviewed at least annually.

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.

In respect of internally generated intangible assets, management has defined the criteria for capitalisation based on the version released for each feature to be deployed on the digital platform. The point in time at which the version release contain all the essential features as defined by the mangement and qualifies to be a Minimum Viable Product (MVP), the feature is considered eligible for capitalisation.

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.

4.1.11 Leases

Ind AS 116 defines a lease term as the non-cancellable period for which the lessee has the Right-to- use an underlying asset including optional periods, when an entity is reasonably certain to exercise an option to extend (or not to terminate) a lease. The Company considers all relevant facts and circumstances that create an economic incentive for the lessee to exercise the option when determining the lease term. The option to extend the lease term is included in the lease term, if it is reasonably certain that the lessee would exercise the option. The Company reassesses the option when significant events or changes in circumstances occur that are within the control of the lessee.

4.1.12 Uncertainty relating to the global health pandemic on COVID-19

The Management has considered the possible effects if any that may result from the pandemic relating to COVID-19 on recoverability of receivables, Property, plant & equipment including Capital work in progress and certain investments. The Company has considered internal and external information up to the date of approval of these financial results.

Based on the current indicators of future economic conditions, the Company expects to recover the carrying amount of these assets. The actual outcome of these assumptions and estimates may vary in future due to the impact of the pandemic. The Company will continue to monitor any material changes to future economic conditions and the consequent impact on its business, if any, and any significant impact of these changes would be recognized in the financial results as and when these material changes to economic conditions arise.

5 Property, Plant and Equipment and Capital Work-in-progress

Particulars	As at March 31, 2021	As at March 31, 2020
Land	3,715	3,715
Buildings (Freehold)	15,705	15,972
Buildings (Leasehold)	6,382	6,402
Plant and Machinery	2,878	3,319
Medical Equipment & Surgical Instruments	12,341	13,221
Furniture and Fixtures	1,073	2,785
Office equipment	279	303
Computers	277	296
Vehicles	418	476
	43,068	46,487
5.1 Capital Work-in-progress (Refer footnote iv)	1,969	2,001
Total	45,037	48,488

Gross Block

Particulars	Land	Buildings (Freehold)	Buildings (Leasehold)	Plant and Machinery*	Medical Equipment & Surgical Instruments	Furniture and Fixtures	Office equipment	Computers#	Vehicles	Total
Balance at April 1, 2019	3,715	16,517	3,513	5,549	13,771	4,102	695	1,236	707	49,804
Additions		756	4,274	502	4,924	582	144	143	264	11,589
Disposals/ Deletions				(28)	(61)	(45)	(7)	(28)	(3)	(173)
Impact on adoption of Ind AS 116 (Refer note 46)			(395)			(129)				(523)
Balance at March 31, 2020	3,715	17,273	7,393	6,022	18,634	4,509	832	1,351	967	60,697
Additions	-	190	106	207	761	162	107	203	55	1,790
Disposals/ Deletions	-	(1)	-	(16)	(110)	(13)	(5)	(19)	(34)	(197)
Transferred pursuant to the Scheme of Arrangement (Refer note 55)	-	-	-	(357)	-	(2,460)	(85)	(277)	(37)	(3,217)
Balance at March 31, 2021	**3,715**	**17,462**	**7,499**	**5,856**	**19,284**	**2,198**	**849**	**1,259**	**952**	**59,073**

Accumulated depreciation & amortisation

Particulars	Land	Buildings (Freehold)	Buildings (Leasehold)	Plant and Machinery*	Medical Equipment & Surgical Instruments	Furniture and Fixtures	Office equipment	Computers#	Vehicles	Total
Balance at April 1, 2019	-	984	830	2,311	4,061	1,362	447	938	425	11,357
Disposals/ Deletions	-	318	210	415	1,407	412	88	144	69	3,065
Depreciation expense	-	-	-	(23)	(55)	(27)	(5)	(26)	(2)	(138)
Impact on adoption of Ind AS 116 (Refer note 46)			(49)			(23)				(72)
Balance at March 31, 2020	-	1,302	991	2,703	5,413	1,725	530	1,055	492	14,211
Depreciation expense		456	126	417	1,622	303	91	124	83	3,223
Disposals/ Deletions	-	(0)	-	(10)	(92)	(9)	(4)	(14)	(26)	(155)
Transferred pursuant to the Scheme of Arrangement (Refer note 55)	-	-	-	(131)	-	(894)	(48)	(184)	(16)	(1,273)
Balance at March 31, 2021	**-**	**1,757**	**1,117**	**2,978**	**6,943**	**1,125**	**570**	**981**	**534**	**16,005**
Carrying amount as on March 31, 2020	**3,715**	**15,972**	**6,402**	**3,319**	**13,221**	**2,785**	**303**	**296**	**476**	**46,487**
Carrying amount as on March 31, 2021	**3,715**	**15,705**	**6,382**	**2,878**	**12,341**	**1,073**	**279**	**277**	**418**	**43,068**

* Includes electrical installation and generators

\# includes servers

Notes:

(i) Refer note 20.1 for information on Property, plant & equipment pledges as security by the company for securing financing facilities from banks and financial institutions.

(ii) Refer note 47 for the contractual capital commitments for purchase of Property, plant & equipment.

(iii) Refer note 32 for details of interest capitalised during the year under capital work-in-progress.

(iv) Capital work in progress includes ₹47 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 31,2021

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
(All amounts are in ₹ million unless otherwise stated)

6. Right-of-Use Asset

Particulars	Land	Buildings	Medical Equipments	Total
Right-of-use asset recognised on adoption of IND AS 116 as at April 1, 2019	2,126	14,479		16,604
Additions during the year	-	2,391		2,391
Deletions during the year	-	(328)		(328)
Balance at March 31, 2020	2,126	16,542	-	18,667
Additions during the year		521	84	605
Deletions during the year		(302)		(302)
Transferred pursuant to the Scheme of Arrangement (Refer note 55)		(10,317)		(10,317)
Balance at March 31, 2021	2,126	6,443	84	8,654

Accumulated depreciation

Particulars	Land	Buildings	Medical Equipments	Total
Accumulated depreciation on Right-of-use asset recognised on adoption of Ind AS 116 as at April 1, 2019	28	4,453		4,481
Disposals/ Deletions	-	(245)		(245)
Depreciation expense	39	1,501		1,540
Balance at March 31, 2020	67	5,709	-	5,776
Disposals/ Deletions		(285)		(285)
Depreciation expense	39	893	13	946
Transferred pursuant to the Scheme of Arrangement (Refer note 55)		(3,672)		(3,672)
Balance at March 31, 2021	106	2,646	13	2,765
Carrying amount as on March 31, 2020	2,059	10,833	-	12,891
Carrying amount as on March 31, 2021	2,019	3,798	71	5,888

The upfront lease premium paid to the City and Industrial Corporation of Maharashtra Limited ('CIDCO') for granting the leasehold rights for a period of 60 years for developing a multi-speciality hospital in Navi Mumbai has been reclassified to Right-of-use asset during the year on account of adoption to Ind AS 116, Leases.

7. Goodwill

Particulars	As at March 31, 2021	As at March 31, 2020
Cost/deemed cost	948	948
De-recognised purusant to Scheme of Arrangement. (Refer Note 55)	(107)	
Total	841	948

During the year and pursuant to the Scheme of Arrangement as described in Note 55, the front end portion of this Retail Pharmacy segment ('Divestment business') has been disposed to an associate company, Apollo Pharmacies Limited. Consequently, the value of goodwill has been measured based on the relative values of portion of the CGU disposed and portion of CGU retained. The value attributable to the portion of CGU disposed of ₹107 million has been de-recognised and included in the carrying amount of the divestment business for the purpose of computation of gain/loss on disposal.

The effective date for the Scheme of Arrangement is September 1, 2020. Retail Pharmacy segment as presented earlier in these standalone financial statements includes transactions of the divestment business till the effective date. Post the disposal of divestment business, the Company has identified Pharmacy distribution as a new segment with effect from September 1, 2020. The balance amount of goodwill after de-recognition of portion attributable to divestment business is now allocated to Pharmacy Distribution CGU. Refer Note 37 for Segment Information.

(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

Particulars	As at March 31, 2021	As at March 31, 2020
Retail Pharmacy	-	948
Pharmacy Distribution	841	-
Total	841	948

(ii) **Key assumptions used for value-in-use calculations**

The company tests whether the goodwill has been impaired on an annual basis or when impairment indicators arise whichever is earlier. For the purpose of testing of impairment, the carrying amount of goodwill is allocated to a Cash Generating Unit (CGU) representing the lowest level at which the goodwill is monitored for internal management purposes and is not higher than the Company's operating segments.

The recoverable amount of the CGUs have been assessed based on its value-in-use. Value-in use is determined by discounting the future cash flows to be generated from the continuing use of the CGU. Key assumptions on which the Company has based its determinations of value-in-use include:

Key Assumptions	Pharmacy Distribution
Discount Rate	14.50%
Long term Growth Rate (used for determining Terminal Value)	2.00%

a. These calculations use cash flow projections over a period of five years based on internal management budgets and estimates.
b. Terminal value is arrived by using fifth year's forecasted cash flows to perpetuity using a constant long-term growth rate. This long-term growth rate takes into consideration external macroeconomic sources of data.
c. The discount rates used are based on the Company's weighted average cost of capital of a comparable market participants, which is adjusted for specific risks.

Based on the assessment, the management has concluded that there is no impairment of goodwill in respect of Pharmacy Distribution. 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. The Company has performed sensitivity analysis for all key assumptions, including the cash flow projections consequent to the change in estimated future economic conditions arising from the possible effects due to COVID-19 and is unlikely to cause the carrying amount of the CGU exceed its estimated recoverable amount

8. Other Intangible Assets

Particulars	As at March 31, 2021	As at March 31, 2020
Software licence	211	231
Trade Mark	-	-
Non Compete Fee	-	-
Internally Generated Intangible Assets - Digital Platform	371	-
Total	581	231

Notes to the Standalone financial statements as at and for the year ended March 31, 2021

(All amounts are in ₹ million unless otherwise stated)

Particulars	Software licence	Trade Mark	Non Compete Fee	Internally Generated Intangible Assets - Digital Platform	Total
Gross Block					
Balance at April 1, 2019	916	58	21		996
Additions	149				149
Disposals/ Deletions	-				-
Balance at March 31, 2020	1,065	58	21	-	1,145
Additions	147			395	543
Disposals/ Deletions					-
Balance at March 31, 2021	1,212	58	21	395	1,687
Accumulated depreciation & amortisation					
Balance at April 1, 2019	614	58	21		694
Amortisation expense	220				220
Disposals/ Deletions	-				-
Balance at March 31, 2020	834	58	21		913
Amortisation expense	166			25	191
Disposals/ Deletions	-				-
Balance at March 31, 2021	1,000	58	21	25	1,104
Carrying amount as on March 31, 2020	231	-	-	-	231
Carrying amount as on March 31, 2021	211	-	-	371	583

9. Investments

Particulars	As at March 31, 2021		As at March 31, 2020	
	Non Current	Current	Non Current	Current
Investment in Equity instruments	11,190		10,280	
Investments in debentures and preference shares	426		426	
Investment carried at Fair Value through Profit and Loss				
Mutual Funds		9,562		275
Other Investments	121		93	
Aggregate amount of impairment in value of investment in equity instruments	(392)	-	(312)	-
Total	11,345	9,562	10,488	275

Refer note 45 for information and disclosure in respect of fair value measurements.

Particulars	As at March 31, 2021		As at March 31, 2020	
	Non Current	Current	Non Current	Current
Aggregate amount of quoted investments	394		394	
Market Value for Quoted investments	1,084		685	
Aggregate amount of unquoted investments	10,952	9,562	10,094	275

Notes to the Standalone financial statements as at and for the year ended March 31, 2021

(All amounts are in ₹ million unless otherwise stated)

9.1 Non Current Investments

Name of the Entity		Face Value	No. of Shares/ Units as at March 31,2021	No. of Shares/ Units as at March 31,2020	Quoted/ Unquoted	Fully paid/ Partly paid	Amount as at March 31,2021	Amount as at March 31,2020
Investment carried at Cost								
(a) Investment in Equity instruments - Subsidiary, Asscoiate and Joint Venture								
Apollo Home Healthcare (I) Limited	Subsidiary	5	29,823,012	29,823,012	Unquoted	Fully Paid	297	297
Apollo Home Health Care Limited	Subsidiary	10	16,887,500	16,887,500	Unquoted	Fully Paid	197	197
AB Medical Centers Limited	Subsidiary	1,000	16,800	16,800	Unquoted	Fully Paid	22	22
Samudra Health Care Enterprises Limited	Subsidiary	10	12,500,000	12,500,000	Unquoted	Fully Paid	251	251
Imperial Hospitals & Research Centre Limited	Subsidiary	10	26,950,496	26,950,496	Unquoted	Fully Paid	1,273	1,273
Apollo Hospitals (UK) Limited	Subsidiary	1£	5,000	5,000	Unquoted	Fully Paid	-	-
Apollo Health & Lifestyle Limited	Subsidiary	10	87,636,943	83,877,535	Unquoted	Fully Paid	4,691	4,191
Apollo Nellore Hospital Limited	Subsidiary	10	1,129,842	1,129,842	Unquoted	Fully Paid	54	54
Sapien Biosciences Private Ltd	Subsidiary	10	10,000	10,000	Unquoted	Fully Paid	-	-
Apollo Hospitals International Limited	Subsidiary	10	30,340,266	30,340,266	Unquoted	Fully Paid	480	480
Western Hospital Corporation Private Limited	Subsidiary	5	18,000,000	18,000,000	Unquoted	Fully Paid	154	154
Apollo Lavasa Health Corporation Limited	Subsidiary #	10	652,393	652,393	Unquoted	Fully Paid	312	312
Assam Hospitals Limited	Subsidiary	10	5,551,283	5,523,433	Unquoted	Fully Paid	743	739
Apollo Health Care Technology Solution Limited	Subsidiary	10	20,000	20,000	Unquoted	Fully Paid	-	-
Apollo Rajshree Hospitals Private Limited	Subsidiary	10	10,754,375	10,754,375	Unquoted	Fully Paid	327	327
Future Parking Private Limited	Subsidiary	10	2,401,000	2,401,000	Unquoted	Fully Paid	24	24
Total Health	Subsidiary	10	500,000	500,000	Unquoted	Fully Paid	5	5
Apollo Medicals Private Limited	Subsidiary @	10	-	9,999	Unquoted	Fully Paid	-	-
Medics International Life Sciences Limited	Subsidiary $	10	57,244,898	-	Unquoted	Fully Paid	950	
Apollo Hospitals Singapore Pte Limited	Subsidiary	1$	30,001	30,001	Unquoted	Fully Paid	1	1
Total							9,782	8,329
Family Health Plan Insurance (TPA) Limited	Associate	10	1,960,000	1,960,000	Unquoted	Fully Paid	5	5
Indraprastha Medical Corporation Limited	Associate	10	20,190,740	20,190,740	Quoted	Fully Paid	394	394
Apollo Medicals Private Limited	Associate @	10	36,592,499	-	Unquoted	Fully Paid	366	-
Stemcyte India Therapeutics Private Limited	Associate #	1	240,196	240,196	Unquoted	Fully Paid	80	80
Total							845	479
ApoKos Rehab Private Limited	Joint Venture	10	8,475,000	8,475,000	Unquoted	Fully Paid	85	85
Apollo Gleneagles Hospitals Limited	Joint Venture	10	54,675,187	54,675,697	Unquoted	Fully Paid	393	393
Apollo Gleneagles Hospitals PET CT Private Limited	Joint Venture	10	8,500,000	8500,000	Unquoted	Fully Paid	85	85
Medics International Life Sciences Limited	Joint Venture $	10	-	55,,000,000	Unquoted	Fully Paid	-	910
Total							563	1,473
Grand Total							11,190	10,280

Name of the Entity		Face Value	No. of Shares/ Units as at March 31,2021	No. of Shares/ Units as at March 31,2020	Quoted/ Unquoted	Fully paid/ Partly paid	Amount as at March 31,2021	Amount as at March 31,2020
# Impairment in value of investment in Apollo Lavasa Health Corporation Limited and Stemcyte India Therapeutics Private Limited (Refer Note 54)							(392)	(312)

$ Medics International Life Sciences has become a Subsidiary w.e.f 07th January, 2021

@ Apollo Medicals Private Ltd has become an associate w.e.f 01st September 2020

Name of the Entity		Face Value	No. of Shares/ Units as at March 31,2021	No. of Shares/ Units as at March 31,2020	Quoted/ Unquoted	Fully paid/ Partly paid	Amount as at March 31,2021	Amount as at March 31,2020
Investment carried at Fair Value through Profit and Loss								
(b) Other Investments								
Search Light Private Limited	Others	10	581,109	581,109	Unquoted	Fully Paid	5	5
Kurnool Hospitals Enterprise Limited	Others	10	157,500	157,500	Unquoted	Fully Paid	2	2
Clover Energy Private Limited	Others	10	2,102,935	1,642,935	Unquoted	Fully Paid	21	16
Leap Green Energy Private Limited	Others	10	97,600	97,600	Unquoted	Fully Paid	1	1
Connect Wind India Private Limited	Others	10	1,599,375	1,599,375	Unquoted	Fully Paid	2	2
CWRE Power Private Limited	Others	10	1,625	1,625	Unquoted	Fully Paid	-	-
Immuneel Therapeutics P Ltd	Others	10	5,000,000	5,000,000	Unquoted	Fully Paid	50	50
(compulsory convertible debenture)								
Mothersense Technologies Private Limited (compulsory convertible preference shares)	Others	10	93	-	Unquoted	Fully Paid	20	-
Tirunelveli Vayu Energy Generation Private Limited	Others	1,000	36	36	Unquoted	Fully Paid	14	14
Iris Ecopower Venture Private Limited	Others	10	150,100	100	Unquoted	Fully Paid	2	-
VMA Wind Energy India Private Limited	Others	10	130,000	130,000	Unquoted	Fully Paid	1	1
Morgan Securities & Credit Private Limited	Others	10	5,000	5,000	Unquoted	Fully Paid	-	-
Citron ECO Power Private Limited	Others	10	443,850	232,850	Unquoted	Fully Paid	4	2
TOTAL							121	93
Guarantee								
Future Parking Private Limited	Others					Fully paid	0.39	0.39

Name of the Entity		Quoted/ Unquoted	Fully paid/ Partly paid	Amount as at March 31,2021	Amount as at March 31,2020
Investments in Government or Trust securities					
National Savings Certificate	Others	Unquoted	Fully paid	0.02	0.02

Name of the Entity		Face Value	No. of Shares/ Units as at March 31,2021	No. of Shares/ Units as at March 31,2020	Quoted/ Unquoted	Fully paid/ Partly paid	Amount as at March 31,2021	Amount as at March 31,2020
Investments in debentures and preference shares								
Apollo Hospitals International Limited	Subsidiary	10	11,04,000	11,04,000	Unquoted	Fully Paid	110	110
Future Parking Private Limited	Subsidiary	10	21,00,000	21,00,000	Unquoted	Fully Paid	210	210
Apollo Munich Health Insurance Company Limited	Associate*	1,000,000	80	80	Unquoted	Fully Paid	80	80
Sapien Biosciences Private Limited	Subsidiary	10	26,00,000	26,00,000	Unquoted	Fully Paid	26	26
Total							426	426

* Refer note 54 in respect of disposal of investment in Apollo Munich Health Insurance Company Limited

Name of the Body Corporate	No.of Shares/ Units March 31,2021	No.of Shares/ Units March 31,2020	Quoted / Unquoted	Partly Paid / Fully paid	Amount as at March 31,2021	Amount as at March 31,2020
Investments in Mutual Funds						
Tata Liquid Fund Direct Plan- Growth	311,186	-	Unquoted	Fully paid	1,011	-
Axis Ultra Short Term Fund-Regular Growth	12,8813,263	-	Unquoted	Fully paid	1,506	-
Axis Liquid Fund- Direct Growth	222,680	-	Unquoted	Fully paid	509	-
Nippon India Money Market Fund- Growth Plan Growth Option	471,666	-	Unquoted	Fully paid	1,507	-
SBI Liquid Funds- Regular Growth	470,920	-	Unquoted	Fully paid	1,508	-
ICICI Prudential Liquid Fund - Growth	4,976,830	-	Unquoted	Fully paid	1,508	-
HDFC Liquid Fund-Regular Plan-Growth	500,511	-	Unquoted	Fully paid	2,011	-
Invesco India Liquid Fund- Direct Plan Growth	402	-	Unquoted	Fully paid	1	-
Canara Robeco Short Term Fund	-	42,017	Unquoted	Fully paid		43
SBI Liquid Fund Regular Growth	-	3,261	Unquoted	Fully paid		10
SBI Magnum Ultra Short Duration Fund	-	33,951	Unquoted	Fully paid		151
SBI Liquid Fund	-	16,291	Unquoted	Fully paid		50
HDFC Debt Fund for Cancer Cure 2014	-	2,000,000	Unquoted	Fully paid		20
Total					9,562	275

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
(All amounts are in ₹ million unless otherwise stated)

10. Loans - Non Current

Particulars	As at March 31, 2021	As at March 31, 2020
Measured at amortised cost		
Considered good - Unsecured		
Loans to Related parties	312	382
Total	312	382

Particulars of related parties, rate of interest and repayment terms have been summarised below:

Company	As at March 31, 2021	As at March 31, 2020	Interest rate	Terms of repayment
Lifetime Wellness Rx International Limited	122	148	10%	Repayable in five equated installments by September 30, 2024
Western Hospital Corporation Private Limited	134	137	10%	Repayable within a period of 5 years from the date of securing the loan
Apollo Shine Foundation	5	6	10%	Repayable in three equated installments by March 31, 2022
Apollo Home Health Care Limited	-	15	10%	Repayable on demand in one or more installments as decided by the Company.
Apollo Medskills Limited	52	77	10%	Repayable in three equated installments by March 31, 2022
Total	312	382		

11. Loans - Current

Particulars	As at March 31, 2021	As at March 31, 2020
Measured at amortised cost		
Loans to Others	53	70
Total	53	70

12. Trade Receivables

Particulars	As at March 31, 2021 Current	As at March 31, 2020 Current
Unsecured		
(a) Considered Good	12,921	9,871
Less: Expected Credit Loss on above	(881)	(210)
(b) Considered doubtful	256	509
Less: Expected Credit Loss on above	(256)	(509)
Total	12,040	9,661

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. In addition the group has also considered credit reports and other credit information for its customers to estimate the probability of default in future and has taken into account estimates of possible effect from the pandemic relating to COVID -19. The Company believes that the carrying amount of allowance for expected credit loss with respect to trade receivables is adequate.

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 goods and services ranges from 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, 2021 and March 31, 2020. Therefore the customer concentration risk is limited due to the large and unrelated customer base in respect of customers under Healthcare and Retail Pharmacy segments. In respect of Pharmacy Distribution segment, the total sales are made to Apollo Pharmacies Limited, an associate company.

Impairment Methodology

The Company has used a practical expedient by computing the expected credit loss allowance for receivables based on a provision matrix. 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.

Movement in the expected credit loss allowance (including provision for disallowance)

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of the year	719	1,043
Movement during the year (net)*	501	(324)
Transferred pursuant to the Scheme of Arrangement (Refer note 55)	(84)	-
Balance at end of the year	1,137	719

*Includes ₹1,110 million (previous year ₹591 million) of provision created and ₹608 million (previous year ₹915) has been written off against the provision available.

Refer note 44.1 for the receivable from related parties

Refer note 20.1 for the receivables provided as security against borrowings

13. Other Financial Assets

Particulars	As at March 31, 2021		As at March 31, 2020	
(Unsecured, considered good unless otherwise stated)	Non Current	Current	Non Current	Current
(a) Operating lease receivables	-	9	-	14
(b) Other Receivables (Refer note i below)	-	407	2	656
(c) Interest receivable	-	116	-	105
(d) Security Deposits	964	-	1,971	-
(e) Advances to employees	-	35	-	91
(f) Finance Lease Receivable (Refer note 13.1)	5		5	-
(g) Fair Value of Derivative Financials Instruments	-	-	67	-
Less: Provision for doubtful advances (Refer note 54)			-	(9)
Total	968	567	2,044	857

Note (i) : Refer note 44.1 in respect of advances extended to related parties.
Note (ii) : ₹1,017 million is transferred pursuant to Scheme of Arrangement (Refer note 55)

13.1 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.

13.1 Amounts receivable under finance leases

Particulars	Minimum lease payments		Present value of minimum lease payments	
	As at March 31, 2021	As at March 31, 2020	As at March 31, 2021	As at March 31, 2020
Not later than one year	0.54	0.54	-	-
Later than one year and not later than five years	2.18	2.18	-	-
Later than five years	45.99	46.53	4.54	4.54
Less: unearned finance income	44.17	41.99	-	-
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

14. Inventories

Particulars	As at March 31, 2021	As at March 31, 2020
Inventories (lower of cost and net realisable value)		
(a) Medicines	407	556
(b) Stores and Spares	285	458
(c) Other Consumables	87	108
((d) Stock in Trade (in respect of goods acquired for trading) (Refer Note below)		
- Pharmaceutical products (including surgical and generics)	225	3,520
- FMCG products	492	1,808
- Private label and other categories	607	623
Total	2,103	7,074

Note : During the year, amount of ₹5,904 million has been transferred pursuant to Scheme of Arrangement. (Refer note 55)

15. 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, 2021	As at March 31, 2020
(a) Balances with Banks (Including deposits with original maturity upto 3 months)		
(i) In Current Accounts	2,337	2,617
(ii) In Deposit Accounts		-
(b) Cash on hand	56	188
Total	2,393	2,805

Note: During the year, amount of ₹165 million has been transferred pursuant to Scheme of Arrangement. (Refer note 55)

16 Bank balances

Particulars	As at March 31, 2021	As at March 31, 2020
(a) Unpaid Dividend Accounts	33	37
(b) Term deposits held as Margin money	1,656	623
Total	1,689	660

17. Other Assets

Particulars	As at March 31, 2021		As at March 31, 2020	
(Unsecured, considered good unless otherwise stated)	Non Current	Current	Non Current	Current
(a) Capital Advances	190		354	-
(b) Advance to suppliers	-	667	-	743
(c) Prepaid Expenses	86	551	96	477
(d) Balances with Statutory Authorities (Refer Note (i))	193	-	168	-
Total	469	1,218	618	1,219

Note (i) : Refer note 48 for amounts deposited with the statutory authorities in respect of disputed dues.

18. Equity Share Capital

Particulars	As at March 31, 2021	As at March 31, 2020
Authorised Share capital :		
200,000,000(2019-20 : 200,000,000) Equity Shares of ₹5/- each	1,000	1,000
1,000,000(2019-20 : 1,000,000) Preference Shares of ₹100/- each	100	100
Issued		
144,317,675 (2019-20: 139,658,177) Equity shares of ₹5/- each	722	698
Subscribed and Paid up capital comprises:		
143,784,657 fully paid equity shares of ₹5 each (as at March 31, 2020: 139,125,159)	719	696
Total	719	696

18.1 Fully paid equity shares

Particulars	Number of shares	Share capital Amount
Balance at April 1, 2020	139,125,159	696
Movement	4,659,498	23
Balance at March 31, 2021	143,784,657	719

18.2 Rights, Preferences and restrictions attached to equity shares

The Company has equity shares having a nominal value of ₹5 each. 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 Pursuant to the approval accorded by the members through Postal Ballot to raise equity proceeds upto a sum of ₹ 15,000 million, the Company completed a Qualified Institutional Equity (QIP) placement in January 2021, allotting an additional 46,59,498 equity shares at a price of ₹ 2,511 per share (face value ₹ 5/- each) aggregating to a sum of ₹ 11,700 Million. Consequently, paidup share capital increased by ₹ 23 million.

18.4 Details of shares held by each shareholder holding more than 5% shares

Particulars	As at March 31, 2021		As at March 31, 2020	
(Unsecured, considered good unless otherwise stated)	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	18.93	27,223,124	19.57

18.5 The Board of Directors of the Company at its meeting held on February 12, 2021 had resolved to terminate the GDR program. The notice of termination of GDR program was sent to all holders of GDR on 25th February 2021 by Bank of New York Mellon, Custodian of GDR informing that the GDR facility would be terminated with effect from March 26, 2021. The holders can surrender their GDRs to Bank of New York Mellon, for delivery of underlying equity shares upto the period of March 31, 2022, subsequent to which Bank of New York Mellon, Custodian may attempt to the sell the underlying shares and distribute the net proceeds to the respective GDR Holders. Subsequent to termination of GDRs programme, the Luxemburg Stock Exchange will delist the GDRs.

As on March 31, 2021, the total outstanding GDRs was 126,646 representing 0.09% of the paid up share capital of the Company.

19. Other equity

Particulars	Note	As at March 31, 2021	As at March 31, 2020
General reserve	19.1	11,257	11,257
Securities premium reserve	19.2	28,634	17,139
Capital Reserves	19.3	18	18
Retained earnings	19.4	12,357	10,938
Capital redemption reserve	19.5	60	60
Debenture redemption reserve	19.6	500	1,250
Other comprehensive income	19.7	(837)	(781)
IND AS Transition reserve	19.8	(693)	(693)
Balance at the end of the year		51,296	39,188

19.1 General reserve

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	11,257	11,257
Transfer from Profit and Loss	-	-
Balance at the end of the year	11,257	11,257

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 and loss.

19.2 Securities premium reserve

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	17,139	17,139
Premium arising on issue of equity shares	11,677	-
Less: Transaction costs	(181)	-
Balance at the end of the year	28,634	17,139

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"). Pursuant to the approval accorded by the members through Postal Ballot to raise equity proceeds upto a sum of ₹15,000 million, the Company completed a Qualified Institutional Equity (QIP) placement in January 2021, allotting an additional 4,659,498 equity shares at a price of ₹2,511 per share (face value ₹5/- each) aggregating to a sum of ₹11,700 Million. Consequently, securities premium increased by ₹11,677 million. Eligible and directly attributable costs as per the Companies Act and accounting standard have been adjusted against the premium generated upon issuance of shares.

19.3 Capital Reserves

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	18	18
Movement		-
Balance at the end of the year	18	18

19.4 Retained earnings

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	10,938	9,396
Profit attributable to owners of the Company	1,051	4,703
Payment of dividends on equity shares (Including dividend distribution tax)	(383)	(1,551)
Impact on adoption of IND AS 116	-	(2,109)
Transferred from Debenture Redemption Reserve	750	500
Balance at the end of the year	12,357	10,938

In respect of the year ended March 31, 2021, the company declared and paid an interim dividend of ₹2.75 per share on fully paid equity shares. For the previous year, Final dividend of ₹6 per share and Interim dividend of ₹3.25 per share was paid.

19.5 Capital Redemption reserve

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	60	60
Movement during the year	-	-
Balance at the end the of year	60	60

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 March 31, 2021	As at March 31, 2020
Balance at beginning of year	1,250	1,750
Transferred to Retained Earnings	(750)	(500)
Balance at the end the of year	500	1,250

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.

19.7 Other comprehensive Income

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	(781)	(788)
Movement during the year	(56)	7
Balance at the end the of year	(837)	(781)

19.8 IND AS Transition Reserve

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	(693)	(693)
Balance at the end the of year	(693)	(693)

20 Borrowings

Particulars	As at March 31, 2021		As at March 31, 2020	
	Non Current	Current	Non Current	Current
Secured - at amortised cost				
(a) Redeemable non-convertible debentures	-	-	5,000	-
(b) Term loans				
-from banks and financial institutions	19,654	-	19,997	
(c) Bank overdraft including working capital facilities			-	2,825
Unsecured - at amortised cost				
(a) Term loans				
-from banks and financial institutions	-	-	-	980
-from related party	-	-	-	-
(b) Bank overdrafts including Working capital facilities	-	-	-	63
(c) Bills Payable	-	-	-	701
Total	19,654	-	24,997	4,569

(i) There is no breach of loan covenants as at March 31, 2021 and March 31, 2020

(ii) The secured listed non-convertible debentures of the company aggregating to ₹2,000 Million as on March 31, 2021 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.

Notes to the Standalone financial statements as at and for the year ended March 31, 2021

(All amounts are in ₹ million unless otherwise stated)

20.1 Summary of Borrowing arrangements

(a) Redeemable Non-Convertible Debentures

Particulars	Principal Outstanding as at March 31, 2021	Principal Outstanding as at March 31, 2020	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 21	Rate of Interest 31 Mar 20
8.7% Non Convertible Debentures	-	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. It was fully repaid during the year 2020-21	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%
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%

(b) Secured and Unsecured borrowing facilities from banks and others

Particulars	Principal Outstanding as at March 31, 2021	Principal Outstanding as at March 31, 2020	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 21	Rate of Interest 31 Mar 20
HDFC Bank Limited	3,320.00	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.	7.25%	8.15%
Axis Bank Limited	2,625.00	2,775.00	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	7.50%	8.10%
HDFC Bank Limited	-	600.00	The Company availed a term loan from HDFC Bank Ltd for a sanctioned limit of ₹ 750 million which is repayable by FY 2021-2022	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.	-	8.10%
HDFC Bank Limited	3,440.00	-	The Company availed a term loan from HDFC Bank Ltd for a sanctioned limit of ₹ 3500 million which is repayable by FY 2030-2031	The loan is secured by first pari passu charge on fixed assets i.e. both movable and immovable assets of the company (Excluding specific assets charged to other Lender(s) on exclusive basis).	6.50%	0.00%
Bank of India	-	2,312.50	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 entire loan has been repaid during the FY 2020-21"	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.	-	8.10%
HSBC Term Loan -I	1,475.00	1,675.00	The Company has availed Rupee Term Loan of ₹2000 Million from HSBC 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.	6.00%	7.95%-8.05%
HSBC Term Loan -II	1,378.75	350.00	The Company has availed Rupee Term Loan of ₹1378.75 out of sanctioned amount of ₹ 1500 Million from HSBC Limited repayable in 28 quarterly installments commencing from June 2020	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.	6.00%	7.50%

Particulars	Principal Outstanding as at March 31, 2021	Principal Outstanding as at March 31, 2020	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 21	Rate of Interest 31 Mar 20
NIIF 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.	7.50%	9.60%
ICICI Bank Limited	989.36	2,386.20	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.	7.25%	9.05%
State Bank of India	6,584.78	6,828.82	The balance outstanding is repayable in quarterly instalments till 2032-2033	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.	6.7% - 7.05%	8%-8.10%
Axis Bank Limited Working Capital	-	650.00	The company has been sanctioned working capital facility of ₹ 1500 million from Axis bank.	Secured by hypothecation of stock and book debts of the company		7.20%
Axis Bank Limited- Short term facilities	-	980.00	The company has been sanctioned a short term facility from Axis bank of ₹ 1500 million	-		7.20%
HSBC- Working capital facilities		63.00	The company has been sanctioned ₹750 Million overdraft facility and working capital facility by HSBC which is repayable on various dates	-	8.05%	8.05%
Fixed Deposits	1.29	1.91	Represents the unclaimed fixed deposits outstanding as on March 31, 2021	-	8.75% to 9.25%	8.75% to 9.25%
Bank of Tokyo – Mitsubishi UFJ (External Commercial Borrowings)	-	600.81	The loan is repayable in 3 annual instalments starting from the year September 2018	-		9.20%
Citi Bank - Bill Discounting	-	700.53	The Company has been sanctioned bill discounting facility from Citi Bank for a maximum outstanding of ₹1000 million.	-	7.10%	7.10%
HDFC Bank Limited	-	1,900.00	The Company has been sanctioned Working Capital Demand Loan facility	Secured by hypothecation of stock and book debts of the company	7.20%	7.20%
HSBC Bills payable	0.38	-	The Company had availed a buyer's line of credit from HDFC for the import of medical equipments which was repayable on various dates in FY 2021 -22			
HDFC - CC A/c	-	275.51	The Company has availed a cash credit facility from HDFC Bank which is repayable on various dates in FY 2020 -21 which has been fully repaid as of March 31, 2021	Secured by hypothecation of stock and book debts of the company	7.75%	7.75%
Total	22,815	31,599				

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
(All amounts are in ₹ million unless otherwise stated)

21 Other financial liabilities

Particulars	As at March 31, 2021		As at March 31, 2020	
	Non Current	Current	Non Current	Current
a) Interest accrued on Borrowings	-	42	-	219
b) Unclaimed dividends (Refer note i below)	-	33	-	37
c) Rent deposits	33	-	27	-
d) Other deposits	40	-	23	-
e) Unclaimed matured deposits and interest accrued thereon	-	1	-	2
f) Current maturities of long-term debt	-	3,159	-	2,032
g) Financial guarantee contracts	-	-	-	-
h) Lease liabilities (Refer note ii below)	7,359	323	14,168	1,244
i) Other Payables	-	853		928
j) Capital creditors	-	508	-	511
Total	7,432	4,920	14,218	4,973

Notes

(i) During the year 2020-21, 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 ₹4.66 Million (Previous year ₹3.34 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.

(ii) ₹7,558 million is transferred pursuant to Scheme of Arrangement (Refer note 55).

22 Provisions

Particulars	As at March 31, 2021		As at March 31, 2020	
	Non Current	Current	Non Current	Current
Provision for Bonus (Refer footnote (i) below)	-	283	-	420
Provision for Gratuity and Leave Encashment (Refer note 40 and 41)	-	692	-	665
Total	-	975	-	1,084

(i) The provision for Bonus is based on the Management's policy in line with the Payment of Bonus Act, 1965.

(ii) ₹214 million of Provision for Bonus and ₹266 million of Provision for Gratuity and Leave encashment is transferred pursuant to Scheme of Arrangement. (Refer Note 55)

23 Deferred Tax Balances

Particulars	As at March 31, 2021	As at March 31, 2020
Deferred Tax Assets	(4,644)	(6,066)
Deferred Tax Liabilities	7,622	8,979
Total	2,978	2,913

Movement of Deferred Tax 2020-21

The major components of deferred tax liabilities/(assets) arising on account of timing differences for the year ended March 31, 2021 are as follows :

Particulars	Opening Balance	Recognised in Statement of Profit and Loss	Impact on account of transfer of assests and liabilities pursuant to Scheme of Arrangement recognised in Statement of Profit & Loss (Refer note 55)	Recognised in other comprehensive income	Closing Balance
Property, Plant & Equipment	8,285	(103)	(727)	-	7,456
Financial Assets	(276)	(101)	292	-	(85)
Lease liability	(1,321)	(135)	267	-	(1,189)
Retirement Benefit Plans	(553)	-	-	(30)	(583)
Minimum Alternate Tax (MAT) Credit (Refer Note i)	(3,222)	712	(111)	-	(2,621)
Total	2,913	374	(279)	(30)	2,979

Movement of Deferred Tax 2019-20

Particulars	Opening Balance	Recognised in Statement of Profit and Loss	Recognised in other comprehensive income	Recognised in Other Equity	Closing Balance
Property, Plant & Equipment	7,918	367			8,285
Financial Assets	(171)	(105)			(276)
Lease liability		(192)	4	(1,133)	(1,321)
Retirement Benefit Plans	(553)				(553)
Business Loss carried forward under Income Tax	-				-
Minimum Alternate Tax (MAT) Credit (Refer Note i)	(4,091)	869			(3,222)
Total	3,104	939	4	(1,133)	2,913

Note (i): The company has unused tax credits in the form of Minimum Alternate Tax (MAT) which would expire by financial year ending March 2032-33

24 Trade Payables

Particulars	As at March 31, 2021	As at March 31, 2020
Total outstanding dues of micro enterprises and small enterprises (Refer note 24.1)	165	63
Total outstanding dues of creditors other than micro and small enterprises	8,331	7,211
Total	8,496	7,274

(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 44.1

The information pertaining to liquidity risks related to trade payables is disclosed in note 43.

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, 2021 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.

24.1

Particulars	As at March 31, 2021	As at March 31, 2020
The amounts remaining unpaid to micro and small suppliers as at the end of the year		
- Principal	165	63
- 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		

25 Tax assets and Liabilities

Particulars	As at March 31, 2021	As at March 31, 2020
Tax assets		
Advance Tax	1,534	2,445
Tax refund receivable	9,956	9,168
	11,490	11,613
Less:		
Income tax payable	(10,241)	(9,676)
	1,249	1,937

26 Other Current Liabilities

Particulars	As at March 31, 2021	As at March 31, 2020
(a) Contract liabilities (Refer footnote (i))	543	958
(b) Statutory Liabilities	263	560
(c) Others	14	13
Total	820.09	1,532

(i) Contract liabilities represents deferred revenue arising in respect of the Company's Loyalty Points Scheme ₹Nil (Previous year ₹576 million) and deposits collected from patients of ₹543 million (Previous Year ₹382 million) recognised in accordance with Ind AS 115 Revenue from contracts with customers

27 Revenue from Operations

The following is an analysis of the Company's revenue for the year from continuing operations

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
(a) Revenue from rendering of healthcare services	42,251	49,002
(b) Revenue from sales of Pharmaceutical and other products	22,698	48,206
(c) Revenue from Pharmacy Distribution (Refer Note 55)	25,895	
(d) Other Operating Income		
- Project Consultancy Income	456	661
- Franchise fees	16	19
- Income from Clinical Trials	47	57
- Brand License fees	167	-
	91,530	97,944

Healthcare Services (including other operating income)

Region	Year ended March 31, 2021	Year ended March 31, 2020
Tamilnadu	17,328	22,402
AP, Telangana	10,557	10,626
Karnataka	4,134	4,588
Others	10,751	12,121
Total revenue from contracts with customers from healthcare services	42,770	49,738

Sales of Pharmaceutical and other products*

Region	Year ended March 31, 2021	Year ended March 31, 2020
Region 1 (Includes Tamilnadu, Karnataka, Maharashtra, Pondicherry, Goa and Port Blair)	8,621	18,044
Region 2 (Includes Telangana, Chhattisgarh, Orissa, West Bengal, Andhra Pradesh, Assam and Jharkhand)	10,608	21,713
Region 3 (Bihar, J&k, New Delhi, Ahmedabad, Ludhiana, Chandigarh, Uttar Pradesh, Rajasthan, Haryana, Himachal Pradesh, Madhya Pradesh and Uttarakhand)	3,469	8,449
Total revenue from sale of Pharmaceutical products	22,698	48,206

* This revenue is pertaining to the sales made by the Company under the segment Retail Pharmacy for the period April 1, 2020 to August 31,2020. This segment has been discontinued pursuant to the Scheme of Arrangement. (Refer note 55)

Pharmacy Distribution*

Region	Year ended March 31, 2021	Year ended March 31, 2020
Region 1 (Includes Tamilnadu, Karnataka, Maharashtra, Pondicherry, Goa and Port Blair)	10,003	-
Region 2 (Includes Telangana, Chhattisgarh, Orissa, West Bengal, Andhra Pradesh , Assam and Jharkhand)	11,965	-
Region 3 (Bihar, J&k, New Delhi, Ahmedabad, Ludhiana, Chandigarh, Uttar Pradesh, Rajasthan, Haryana, Himachal Pradesh, Madhya Pradesh and Uttarakhand)	4,094	-
Total revenue from sale of Pharmaceutical products	26,062	-

* This revenue is pertaining to the sales made by the Company under the segment Pharmacy Distribution for the period September 1, 2020 to March 31,2021. This segment has been identified pursuant to the Scheme of Arrangement. (Refer note 55)

Category of Customer	Year ended March 31, 2021	Year ended March 31, 2020
Cash (With card/Cash/Wallet/RTGS)	38,104	66,385
Credit	53,426	31,559
Total	91,530	97,944

Nature of treatment*	Year ended March 31, 2021	Year ended March 31, 2020
In-Patient	30,419	33,771
Out-Patient	11,082	15,507
Sale of Pharmaceutical and other products	48,760	48,206
Others (includes Operation & Management and Clinical trials)	1,269	461
Total revenue from contracts with customers from Healthcare services	91,530	97,944

Refer note 3.5 of Significant accounting policies section which explain the revenue recognition criteria in respect of revenue from rendering Healthcare and allied services and Pharmaceutical products as prescribed by Ind AS 115, Revenue from contracts with customers.

Contract liability

During the financial year ended March 31, 2021, the company has recognised revenue of ₹382 million (Previous year ₹387 million) from its Patient deposit outstanding as on April 1, 2020

Reconciliation of revenue recognised with the contract price is as follows:

Healthcare Services (including other operating income)

	Year ended March 31, 2021	Year ended March 31, 2020
Contract price (as reflected in the invoice raised on the customer as per the terms of the contract with customer)	49,305	58,366
Reduction in the form of discounts and disallowances	1,480	1,902
Reduction towards amounts received on behalf of third party service consultant	5,056	6,727
Revenue recognised in the statement of profit and loss	42,770	49,738

Sales of Pharmaceutical and other products*

	Year ended March 31, 2021	Year ended March 31, 2020
Contract price (as reflected in the invoice raised on the customer as per the terms of the contract with customer)	22,856	48,474
Reduction in the form of discounts and commissions	21	100
Revenue deferred on account of unredeemed loyalty credits	136	168
Revenue recognised in the statement of profit and loss	22,698	48,206

* This revenue is pertaining to the sales made by the Company under the segment Retail Pharmacy for the period April 1, 2020 to August 31,2020. This segment has been discontinued pursuant to the Scheme of Arrangement. (Refer note 55)

Pharmacy Distribution

	Year ended March 31, 2021
Contract price (as reflected in the invoice raised on the customer as per the terms of the contract with customer)	27,066
Reduction in the form of discounts and commissions	1,035
Reversal of provision created for unredeemed loyalty credits upon expiry	(31)
Revenue recognised in the statement of profit and loss	26,062

* This revenue is pertaining to the sales made by the Company under the segment Pharmacy Distribution for the period September 1, 2020 to March 31,2021. This segment has been identified pursuant to the Scheme of Arrangement. (Refer note 55)

28. Other Income

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
a) Interest income		
(Interest Income earned on financial assets that are not designated as at fair value through profit or loss)		
Bank deposits	44	39
Other financial assets	78	66
Sub total	122	105
b) Dividend Income		
Dividend on equity investments	-	36
c) Other non-operating income		
Provision for liabilities no longer required written back	3	3
Total	3	3
d) Other gains and losses		
Net gain arising on disposal of financial assets	14	4
Gain/(loss) on fair valuation of equity investments		(11)
Gain on fair valuation of mutual funds	54	11
Miscellaneous Income	30	13
Foreign exchange gain/(loss), net	(41)	(51)
Total	57	(35)
Total (a+b+c+d)	181	109

29 Cost of Materials Consumed

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Opening inventory	1,122	703
Add: Purchases	12,988	15,740
Less: Closing inventory	811	1,122
Total	13,299	15,321

Notes to the Standalone financial statements as at and for the year ended March 31, 2021

(All amounts are in ₹ million unless otherwise stated)

30 Changes in Inventory of Stock in Trade

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Inventories at the beginning of the year	5,951	4,908
Transferred Pursuant to the Scheme of Arrangement (Refer note 55)	(5,903)	-
Inventories at the end of the year	(1,324)	(5,951)
Changes in inventory of stock in trade	(1,276)	(1,043)

31 Employee Benefits Expense

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Salaries and wages	11,126	13,102
Contribution to provident fund and ESI (Refer note 39)	605	835
Bonus	316	381
Staff welfare expenses	704	875
Total	12,751	15,192

32 Finance Costs

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Interest expense on financial liabilities measured at amortised cost	2,237	2,570
Interest expense on lease liabilities	925	1,273
Bank Charges	276	415
Total	3,438	4,259

During the year the Company has capitalised borrowing costs of ₹Nil (previous year ₹232 million) relating to projects, included in Capital Work in progress. The capitalisation rate used is the weighted average interest of Nil (previous year 9%).

33 Depreciation and Amortisation Expense

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Depreciation of Property, plant and equipment	3,223	3,065
Depreciation of Right-of-use assets	946	1,535
Amortisation of intangible assets	191	223
Total	4,359	4,823

34 Other Expenses

(a) Other Expenses

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Retainer Fees to Doctors	3,073	3,429
Advertisement, Publicity & Marketing	1,597	1,874
Power and fuel	1,228	1,567

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Outsourcing Expenses		
Food and Beverages	780	1,083
House Keeping Expenses	754	1,228
Security Charges	254	268
Bio medical maintenance	211	259
Other services	877	247
Legal & Professional Fees	759	852
Office Maintenance & Others	900	841
Repairs & Maintenance		
Machinery	918	826
Buildings	150	142
Vehicles	80	81
Rent	485	780
Travelling & Conveyance	559	643
Impairment of trade receivables	1,110	591
Printing & Stationery	309	466
Rates and Taxes, excluding taxes on income	135	166
Water Charges	116	164
Postage & Telegram	88	148
Repairs to Buildings	150	142
Telephone Expenses	125	141
Hiring Charges	131	140
Insurance	160	137
Continuing Medical Education & Hospitality Expenses	72	136
House Keeping Expenses		132
Repairs to Vehicles	80	81
Seminar Expenses	9	49
Donations	31	21
Subscriptions	24	16
Books & Periodicals	4	10
Director Sitting Fees	5	4
Loss on disposal of Property Plant and Equipment	26	24
Miscellaneous expenses	624	319
Total (a)	15,592	16,652

(b) Payments to Auditors

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
a) For audit (including limited review)	28	28
b) For other services*	16	3
c) For reimbursement of expenses	1	2
Total	45	32

* ₹10 million paid on account of Qualified Institutional Placement (QIP) has been adjusted to Securities Premium as part of transaction costs. Refer Note 19.2.

(c) Expenditure incurred for corporate social responsibility (Refer Note (i) below)

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Expenditure incurred for corporate social responsibility (Refer Note (i) below)	104	96
Total (a) +(b) + (c)	15,731	16,780

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 ₹91 Million (Previous year ₹81 Million)

b) Amount spent during the year on corporate social responsibility activities:

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Construction/acquisition of any asset	-	-
On purpose other than above	104	96

35 Income Taxes

35.1 Amount recognised in profit and loss

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Current tax		
In respect of the current year	301	1,122
In respect of the earlier year	329	60
Total	621	1,182
Deferred tax		
In respect of the current year (includes MAT credit utilised amounting to ₹601 (previous year ₹869))	374	939
In respect of the earlier year	(279)	-
Total	95	939
Total Tax Expense	716	2,121

36 Amount recognised in other Comprehensive Income (OCI)

Particulars	For the year ended March 31, 2021			For the year ended March 31, 2020		
	Before tax	Tax (expense)/ Benefit	Net of Tax	Before tax	Tax (expense)/ Benefit	Net of Tax
Items that will be not reclassified subsequently to Statement profit and loss:						
Re-measurement of defined benefit plans	(86)	30	(56)	11	(4)	7

36.1 Reconciliation of Effective Tax rate

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Profit before tax	1,766	6,823
Enacted tax rates in India	34.944%	34.944%
Income tax expense calculated	617	2,384
Effect of income that are not considered in determining taxable profit	(260)	(686)

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Long Term Capital gains recognised on sale of Divestment Business (Previous year: Investments)	135	222
Effect of impairment recorded in long term investments and advances	28	112
Effect of tax expenses recorded in respect of previous years not included in profit considered above	-	60
Effect of tax expenses recorded in resepct of previous years not included in profit considered above	40	-
Effect of expenses that are not deductible in determining taxable profit	56	33
Deferred tax liability recognition pursuant to amendment in tax legislation	99	-
Reassessment of deferred tax asset recognition on brought forward business losses	-	(5)
Total	716	2,121

37 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 and Retail Pharmacy have been identified as the operating segments. No operating segments have been aggregated in arriving at the reportable segments of the Company

Pursuant to the Scheme of Arrangement as described in Note 55, the front-end portion of the Retail Pharmacy segment ('Divestment business') has been disposed to an associate company, Apollo Pharmacies Limited. The effective date for the Scheme of Arrangement is September 1, 2020. Retail Pharmacy segment as presented earlier in these standalone financial statements includes transactions of the divestment business till the effective date. The Company henceforth has Healthcare and Pharmacy Distribution as its operating and reportable segments. Healthcare segment represents hospitals and hospital based pharmacies. Pharmacy distribution segment represents the business of procurement and distribution of pharmaceutical, Fast Moving Consumer Goods (FMCG) and private label products.

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. Pharmacy distribution includes distribution of pharmaceutical, FMCG and Private Label products to corporates through long term supply agreement.
c. Inter segment revenue and expenses are eliminated.

The Company has disclosed this Segment Reporting in Financial Statements as per Ind AS 108.

37.1 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	
	As at March 31, 2021	As at March 31, 2020	As at March 31, 2021	As at March 31, 2020
Healthcare	42,771	49,747	2,210	6,428
Retail Pharmacy	22,698	48,206	1,493	2,902
Pharmacy Distribution	26,062	-	1,412	-
Total	91,532	97,953	5,115	9,330
Less: Inter Segment Revenue	1	9	-	-
Sub-Total	91,530	97,944	5,115	9,330
Less:				
Finance costs			(3,438)	(4,259)
Other un-allocable income, (net of expenditure)			182	109
Exceptional item (Refer note 54)			(91)	1,644
Profit before tax			1,767	6,824

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.

37.2 Segment assets and liabilities

Particulars	As at March 31, 2021	As at March 31, 2020
Segment Assets		
Healthcare	64,988	67,696
Retail Pharmacy	-	20,550
Pharmacy distribution	8,704	-
Total Segment Assets	73,691	88,246
Unallocated	23,601	13,196
Total assets	97,292	1,01,442
Segment liabilities		
Healthcare	15,960	15,515
Retail Pharmacy	-	11,276
Pharmacy distribution	3,448	
Total Segment liabilities	19,408	26,790
Unallocated	25,868	34,768
Total liabilities	45,276	61,559

37.3 Other segment information

Particulars	Depreciation and Amortisation		Addition to Non Current Assets	
	As at March 31, 2021	As at March 31, 2020	As at March 31, 2021	As at March 31, 2020
Healthcare	3,730	3,272	2,429	11,530
Retail Pharmacy	630	1,551	-	2,599
Pharmacy distribution	253	-	509	-
Total	4,359	4,823	2,938	14,129

For the purpose of monitoring segment performance and allocating resources between segments:

(i) all assets are allocated to reportable segments other than certain identified corporate assets, current and deferred tax assets which are presented under unallocable assets. Goodwill is allocated to reportable segments as described in note 7.

(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 9 for information on investments in associates and joint ventures accounted under equity method.

38. Earnings Per Share (EPS)

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	March 31, 2021	March 31, 2020
Basic and Diluted earnings per share (Face value ₹5 per share)		
(i) Income :-		
Profit for the year attributable to the owners of the Company	1,051	4,703
Earnings used in the calculation of basic earnings per share	1,051	4,703
(ii) Weighted average number of equity shares for the purposes of basic earnings per share (Refer note below)	139,993,230	139,125,159
(iii) Earnings per share (Face value ₹5 per share)		
Basic and Diluted	7.50	33.80

Note:

As on date	Date for no of days calculation	No.of days O/s	No.of shares	Weighted avg no.of shares
31-Mar-21	01-Apr-20	365	139,125,159	139,125,159
31-Mar-21	23-Jan-21	68	4,659,498	868,071
			143,784,657	139,993,230

Employee Benefit Plans

39 Defined contribution

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 was ₹483 million (Previous year ₹561 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 was ₹122 million (Previous year ₹204 million).

The Company has no further obligations in regard of these contribution plans.

40 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 other comprehensive income, net of taxes. 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	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
Interest 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.
Longevity 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.
Salary risk	

A. Change in Defined Benefit Obligation

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Present value of defined benefit obligation as at the beginning of the year	1,248	1,176
Current service cost	82	51
Interest cost	49	78
Remeasurement (gains)/losses on account of change in actuarial assumptions	150	(7)
Benefits paid from the fund	(92)	(50)
Transferred pursuant to the Scheme of Arrangement (Refer note 55)	(296)	-
Present value of defined benefit obligation as at the end of the year	1,142	1,248

B. Changes in Fair value of Plan Assets

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Fair value of plan assets as at the beginning of the year	917	836
Interest income	38	59
Return on plan assets (excluding amounts included in net interest expense)	64	5
Contributions from the employer	70	67
Benefits paid from the fund	(92)	(50)
Transferred pursuant to the Scheme of Arrangement (Refer note 55)	(258)	
Fair value of plan assets as at the end of the year	739	917

C. Amount recognised in Balance Sheet

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Present value of funded defined benefit obligation as at the end of the year	1,142	1,248
Fair value of plan assets as at the end of the year	(739)	(917)

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Net liability arising from defined benefit obligation*	403	331
Restrictions on asset recognised	-	-
Others	-	-
Net liability arising from defined benefit obligation	403	331

*Included in Provision for gratuity and leave encashment disclosed under note 22.

D. Expenses recognised in statement of profit and loss

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Service cost:		
Current service cost	82	51
Past service cost and (gain)/loss from settlements		
Net interest expense	11	19
Total Expenses/ (Income) recognised in profit and loss*	93	70

* Included in salaries & wages, contribution to provident and other funds. Refer note 31.

E. Expenses recognised in Other Comprehensive Income

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Remeasurement on the net defined benefit liability:		
Return on plan assets (excluding amounts included in net interest expense)	(64)	(5)
Actuarial (gains) / losses arising from changes in demographic assumptions	6	-
Actuarial (gains) / losses arising from changes in financial assumptions	39	(26)
Actuarial (gains) / losses arising from experience adjustments	105	20
Components of defined benefit costs recognised in other comprehensive income	86	(11)
Remeasurement (gain)/ loss recognised in respect of other long term benefits	-	-
Total of remeasurement (gain)/loss recognised in Other Comprehensive Income (OCI)	86	(11)

F. Significant Actuarial Assumptions

Particulars	Valuation as at	
	March 31, 2021	March 31, 2020
Discount rate(s)	5.58%	5.45%
Expected rate(s) of salary increase	Hospital - 5% (year 1) and 6% for the balance years	Hospital - 0%(year 1) and 5% for the balance years
	Pharmacy - 5% (year 1) and 6% for the balance years	Pharmacy - 0%(year 1) and 5% for the balance years
Attrition Rate	Hospital - 34%	Hospital - 45%
	Pharmacy - 32%	Pharmacy - 32%
Retirement Age	58 years	58 years
Pre-retirement mortality	Indian Assured Lives Mortality (2012-14) Ultimate	Indian Assured Lives Mortality (2012-14) Ultimate

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
(All amounts are in ₹ million unless otherwise stated)

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	Valuation as at	
	March 31, 2021	March 31, 2020
Insurer managed funds	739	917

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:

	Change in assumption		Increase in defined benefit obligation		Decrease in defined benefit obligation	
	March 31, 2021	March 31, 2020	31-Mar-21	31-Mar-20	31-Mar-21	31-Mar-20
Discount rate	+100 basis points	+100 basis points			1,117	930
	-100 basis points	-100 basis points	1,168	967		
Salary growth rate	+ 100 basis points	+ 100 basis points	1,163	962		
	- 100 basis points	- 100 basis points			1,122	934
Attrition rate	+ 100 basis points	+ 100 basis points			1,140	947
	- 100 basis points	- 100 basis points	1,144	949		

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.

I. Expected future contribution and estimated future benefit payments from the fund are as follows:

	Amount
Expected contribution to the fund during the year ended March 31, 2022	410
Estimated benefit payments from the fund for the year ended March 31	
2022	272
2023	186
2024	127
2025	86
2026	57
Thereafter	97

41. Long Term Benefit Plans

41.1 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	
	March 31, 2021	March 31, 2020
Discount rate(s)	5.58%	5.45%
Expected rate(s) of salary increase	Hospital - 5%(year 1) and 6% for the balance years	Hospital - 0%(year 1) and 5% for the balance years
	Pharmacy - 5%(year 1) and 6% for the balance years	Pharmacy - 0%(year 1) and 5% for the balance years
Attrition Rate	Hospital - 34%	Hospital - 45%
	Pharmacy - 32%	Pharmacy - 32%

42 Financial instruments

42.1 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, 2021 of 36% was within the target range.

Gearing Ratio

Particulars	As at March 31, 2021	As at March 31, 2020
The gearing ratio at end of the reporting period was as follows.		
Debt (includes Borrowings, Current Maturities of Long term Debt and unpaid deposits - Refer Note 20.1)	22,815	31,599
Less: Cash and Cash Equivalents (include other bank balances - Refer note 15 and 16)	4,083	3,465
Net Debt	18,732	28,134
Total Equity	52,015	39,883
Net debt to equity ratio	36%	71%

42.2 Categories of financial instruments

Particulars	As at March 31, 2021	As at March 31, 2020
Financial assets		
Measured at fair value through profit or loss (FVTPL)		
(i) Investments in Equity Instruments (Other than Subsidiaries, Joint Ventures and Associates)	121	93
(ii) Investments in Mutual Funds	9,562	275
(iii) Derivative Instruments	-	67
Measured at amortised cost		
(i) Cash and Cash Equivalents (include other bank balances - Refer note 15 and 16)	4,083	3,465
(ii) Trade Receivables	12,040	9,661
(iii) Loans	365	452
(iv) Other Financial Assets	1,531	2,830
(v) Finance Lease receivables	5	5
(vi) Investments in debentures and preference shares	426	426
Measured at Cost/Carrying value		
(i) Investments in Subsidiaries	9,470	8,016
(ii) Investments in Associates	765	479
(iii) Investments in Joint Ventures	563	1,473
Financial liabilities		
Measured at amortised cost		
(a) Trade Payables	8,496	7,274
(b) Borrowings	19,654	29,566
(c) Other Financial Liabilities	12,352	19,191

42.3 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 demonimated 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.

42.4 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.

42.5 Foreign currency risk management

The Company undertakes transactions denominated in foreign currencies; exposures to exchange rate fluctuations 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.

	Liabilities as at		Assets at	
	March 31, 2021	March 31, 2020	March 31, 2021	March 31, 2020
Foreign Currency Borrowings (in USD)	-	8	-	-
Foreign Currency Borrowings (in INR)	-	601	-	-
Trade Payables (in EURO)	-	7	-	-
Trade Payables (in INR)	-	568	-	-
Trade Receivables (in USD)	-	-	0.99	0.69
Trade Receivables (in INR)	-	-	72.13	48.63

Foreign currency sensitivity analysis

Of the above, the borrowings of USD 8 Million as at March 31, 2020 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 trade payables denominated in foreign currency for which below sensitivity is provided.

The Company is mainly exposed to currency dollars for credit facilities and EURO in resepct of trade payables.

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 Foreign Currency			
	2020-2021		2019-2020	
	+10%	(10%)	+10%	(10%)
Impact on Statements of profit and loss	7	(7)	(52)	52
Impact on Equity	7	(7)	(52)	52

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.

42.6 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, 2021 would decrease/increase by ₹164 Million (Previous year- decrease/ increase by ₹130 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.

42.7 Equity price sensitivity analysis

As at March 31, 2021 the company has quoted investments only in Indraprastha Medical Corporation Limited, investment in joint venture measured at cost. Hence, the Company does not have exposure to equity price risks at the end of the reporting period.

42.8 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 and International Governments . 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 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, 2021, an amount of ₹0.39 Million (Previous year ₹0.39 Million) has been recognised as the fair value through profit/loss.

43. 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.

43.1 Liquidity and interest risk tables

The following table details the Company's remaining contractual maturity for its non-derivative financial liabilities with agreed repayment periods. The tables have been drawn based on the undiscounted cash flows of financial liabilities includes 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, 2021				
Non-interest bearing		10,256	7,432	-
Variable interest rate instruments	6.93%	1,159	6,950	6,950
Fixed interest rate instruments	7.80%	2,001	-	-
Lease Liabilities		803	3,100	22,190
		14,220	**17,483**	**34,894**

Particulars	Weighted average effective interest rate(%)	Less than 1 year	1 Year to 5 years	> 5 years
March 31, 2020				
Non-interest bearing		10,212	50	-
Variable interest rate instruments	8.01%	6,705	5,908	13,384
Fixed interest rate instruments	8.25%	2	2,000	3,000
Lease Liabilities		2,346	8,285	27,165
		19,265	**16,243**	**43,549**

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, 2021	March 31, 2020
Non-interest bearing	17,688	10,262
Variable interest rate instruments	20,813	25,998
Fixed interest rate instruments	2,001	5,002
Financial guarantee contracts	-	-
Lease Liabilities	7,682	15,412
Total	48,185	56,675

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.

Particulars	Less than 1 year	1 Year to 5 years	> 5 years
March 31, 2021			
Non-interest bearing	12,607	-	968
Fixed Interest Rate Instruments	53	312	-
Total	12,660	312	968

Particulars	Less than 1 year	1 Year to 5 years	> 5 years
March 31, 2020			
Non-interest bearing	10,518	-	2,044
Fixed Interest Rate Instruments	70	382	-
	10,588	382	2,044

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 Year to 5 years	> 5 years
March 31, 2021			
- Cross Currency interest rate swaps	-	-	-
March 31, 2020			
- Cross Currency interest rate swaps	601	-	-
	601	-	-

43.2 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, 2021	As at March 31, 2020
Secured bank loan facilities		
- amount used	32,710	30,836
- amount unused	1,040	3,664
Total	33,750	34,500
Unsecured bank loan facilities:		
- amount used	-	3,071
- amount unused	8,070	2,507
Total	8,070	5,578

44 Information on Related Party Transactions as required by Ind AS 24 - Related Party Disclosures for the year ended March 2021

S.No	Name of the company	Country of Incorporation	% of Holding as at March 31, 2021	% of Holding as at March 31, 2020
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 Lifestyle Limited	India	68.25	70.25
4	Apollo Nellore Hospitals Limited	India	80.87	80.87
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	65.85	65.52
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	70.75	70.75
15	Apollo Healthcare Technology Solutions Limited	India	-	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 (Refer Note 55)	India	-	100
20	Medics International Lifesciences Limited	India	51	-
	$ Medics International Life Sciences has become an Subsidiary w.e.f 07th January, 2021			
B) Step Down Subsidiary Companies				
1	Alliance Dental Care Limited	India	69.09	70
2	Apollo Dialysis Private Limited	India	69.06	59.3
3	Apollo Sugar Clinics Limited	India	80	80
4	Apollo Specialty Hospitals Pvt Ltd	India	100	100
5	Apollo CVHF Limited	India	66.67	66.67
6	Apollo Bangalore Cradle Limited	India	100	100
7	Kshema Health Care Private Limited	India	100	100
8	Apollo Pharmacies Limited	India	100	100
9	AHLL Diagnostics Limited	India	100	100
10	AHLL Risk Management Private Limited	India	100	100
11	Surya Fertility Centre Pvt Ltd	India	100	-

S.No	Name of the company	Country of Incorporation	% of Holding as at March 31, 2021	% of Holding as at March 31, 2020
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
	$ Medics International Life Sciences has become an Subsidiary w.e.f 07th January, 2021			
D) Associates				
1	Family Health Plan Insurance TPA Limited	India	49	49
2	Indraprastha Medical Corporation Limited	India	22.03	22.03
3	Apollo Medicals Private Limited (Refer Note 55)	India	25.5	-
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. Preetha Reddy			
3	Smt. Suneeta Reddy			
4	Smt. Shobana Kamineni			
5	Smt. Sangita Reddy			
6	Shri. Krishnan Akhileswaran			
7	Shri. S M Krishnan			
F) Directors				
1	Shri. Vinayak Chatterjee			
2	Dr. T.Rajgopal (ceased to be Director with effect from 1st April 2021)			
3	Dr. Murali Doraiswamy			
4	Smt. V.Kavitha Dutt			
5	Shri. MBN Rao			
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	Apollo Hospitals Education Research Foundation			
3	Apollo Hospitals Educational Trust			
4	Apollo Institute Of Medical Sciences And Research			
5	Apollo Medskills Limited			
6	Apollo Shine Foundation			
7	Apollo Sindoori Hotels Limited			
8	Apollo Tele-health Services Private Limited			
9	Apollo Teleradiology Private Limited			

S.No	Name of the company	Country of Incorporation	% of Holding as at March 31, 2021	% of Holding as at March 31, 2020
10	ATC Pharma Private Limited			
11	Dhruvi Pharma Private Limited			
12	Dynavision Limited			
13	Emedlife Insurance Broking Services Limited			
14	Faber Sindoori Management Services Private Limited			
15	Focus Medisales Private Limited			
16	Frister Foods Pvt Ltd			
17	Healthnet Global Limited			
18	Indian Hospital Corporation Limited			
19	Indo- National Limited			
20	Keimed Private Limited			
21	Kurnool Hospital Enterprise Limited			
22	Kalpatharu Enterprises Private Limited			
23	Lifetime Wellness Rx International Limited			
24	Lucky Pharmaceuticals Private Limited - New Delhi			
25	Matrix Agro Private Limited			
26	Medics International Lifesciences Limited			
27	Medihauxe Healthcare Private Limited			
28	Medihauxe International Private Limited			
29	Medihauxe Pharma Private Limited			
30	Medvarsity Online Limited			
31	Meher Distributors Private Limited			
32	Meher Distributors Private Limited - Mumbai			
33	Neelkanth Drugs Private Limited			
34	Olive & Twist Hospitality Private Limited			
35	P. Obul Reddy & Sons			
36	Palepu Pharma Private Limited			
37	PCR Investments Limited			
38	Sanjeevani Pharma Distributors Private Limited			
39	Searchlight Health Private Limited			
40	Shree Amman Pharma Private Limited			
41	Srinivasa Medisales Private Limited			
42	Stephan Design And Engineering Limited			
43	Vardhaman Pharma Distributors Private Limited			
44	Vasu Agencies Hyderabad Private Limited			
45	Vasu Pharma Distributors Hyderabad Private Limited			
46	Vasu Vaccines & Speciality Drugs Private Limited			

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
(All amounts are in ₹ million unless otherwise stated)

44.1 Details of Related Party Transactions during the year ended March 2021

Entity Name	Type of transaction	As at and for the year ended March 31, 2021	As at and for the year ended March 31, 2020
AB Medicals Centers Limited	Investments in equity	22	22
	Rent	8	9
	Payable as at year end	59	53
Apollo Health & Lifestyle Limited	Investment in equity	4,691	4,191
	Investment made during the year	500	351
	Commission on turnover	-	2
	Management Fee	1	-
	Revenue from Diagnostics (Laboratory test) during the year	49	-
	Reimbursement of expense during the year	1	3
	Security deposit	-	35
	Receivable as at year end	8	43
	Corporate Guarantee/Comfort letter	910	910
	Pharmacy Income	12	54
Apollo Specialty Hospital Private Limited	Revenue from Operations (Lab Tests)	18	14
	Pharmacy Income	84	189
	Commission on turnover	-	58
	Reimbursement of expenses	-	31
	Receivable as at year end	100	217
	Corporate Guarantee/Comfort letter	750	750
Apollo Bangalore Cradle Limited	Revenue from operations	-	25
	Receivable at year end	-	65
Alliance Dental Care Limited	Share of revenue	49	74
	Payable as at year end	15	8
	Corporate Guarantee/Comfort letter	371	371
Apollo Dialysis Private Limited	Pharmacy income	-	0.15
	Share of revenue	297	173
	Payable at year end	16	17
Apollo Sugar Clinics Limited	Rental Income	13	12
	Share of revenue from operations	95	100
	Lab cost	62	109
	Pharmacy income	23	12
	IT Cost	1	1
	Consultancy fee to doctors	1	2
	Investigation Expenses	-	7
	Payable as at year end	43	31
Apollo Nellore Hospitals Limited	Investments in equity	54	54
	Rent	8	8
	Lease deposit given	8	8
	Payable as at year end	44	37

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
(All amounts are in ₹ million unless otherwise stated)

Entity Name	Type of transaction	As at and for the year ended March 31, 2021	As at and for the year ended March 31, 2020
Imperial Cancer Hospital & Research Centre Limited	Investment in equity	1,273	1,273
	Reimbursement of expenses	121	32
	Revenue of Operations	559	554
	Other receivable as at year end	25	178
	Trade receivable as at year end	222	173
	Corporate Guarantee/Comfort letter	1,295	1,295
Samudra Health Care Enterprise Limited	Investments in equity	251	251
	Revenue from operations	101	84
	Reimbursement of expenses	12	1
	Other receivable as at year end	14	34
	Trade receivable as at year end	14	87
Western Hospitals Corporation Private Limited	Investments In equity	154	154
	Reimbursement of expense during the year (Travel)	1	2
	Loan o/s	134	137
	Interest Income	13	12
	Interest receivable	29	16
	Other receivables as at year end	4	4
Sapien Bio Sciences Private Limited	Investments in equity	0.10	0.10
	Investments in preference	26	26
	Reimbursement expenses		2
	Receivable as at year end	0.09	0.09
Assam Hospitals Limited	Investments In equity	743	739
	Dividend received	-	4
	Management Fees	20	26
	Revenue from Operations	10	-
	Interest expenses	16	-
	Reimbursement of expense during the year	33	-
	Other receivable as at year end	65	10
	Trade receivable as at year end	10	20
Apollo Lavasa Health Corporation Limited	Investments in equity	312	312
	Reimbursement of expenses	10	2
	Rent expenses	1	-
	Departmental sales	-	0.03
	Receivable as at year end	1	0.08
Apollo Rajshree Hospitals Private Limited	Investments in equity	327	327
	Reimbursement of expenses	7	0.26
	Revenue from operations	174	130
	Other receivable as at year end	87	-
	Trade receivable as at year end	71	135
	Corporate Guarantee/Comfort Letter	300	60

Entity Name	Type of transaction	As at and for the year ended March 31, 2021	As at and for the year ended March 31, 2020
Total Health	Investments in equity	5	5
	Purchase of Jute bags	-	1
	Purchase of medicines	2	1
	CSR Expenses	10	20
	Receivable as at year end	14	10
Apollo Home Health Care Limited	Investments in equity	197	197
	Revenue from operations	4	8
	Loans given	-	15
	Reimbursement of expenses	4	0.21
	Interest receivable	31	29
	Interest Income	1	3
	Other receivable as at year end	9	11
	Trade receivable/ (Payable) as at year end	(2)	5
	Corporate Guarantee/Comfort Letter	70	20
Apollo Hospital International Limited	Investments in equity	480	480
	Investments in preferences	110	110
	Reimbursement of expenses	28	24
	Revenue from operations	0.20	1
	Other receivable as at year end	1	33
	Trade receivable as at year end	7	37
Future Parking Private Limited	Investments in equity	24	24
	Investments in preference	210	210
	Rental Expenses for the year	29	29
	Corporate Guarantee issued	35	35
	Right-of-Use Asset	380	380
	Lease liability	210	210
	Payable as at year end	18	12
Medics International Lifesciences Limited	Revenue from Operations	68	41
	Reimbursement of expense during the year	17	-
	Investments in equity	950	910
	Investment made during the year	40	-
	Interest receivable	-	12
	Receivable as at year end	68	40
Apollo Pharmacies ltd	Sale of Pharmaceutical and other products	30,260	-
	Receivable at year end	4,542	-
	Brand License fee	167	-
Apollo Gleneagles Hospital Limited	Investments in equity	393	393
	Revenue from operations	1,140	1,326
	Reimbursement of expenses	75	42
	Other receivable as at year end	148	74
	Trade receivable as at year end	659	803
	Commitment to contribute funds towards equity	4,100	-

Entity Name	Type of transaction	As at and for the year ended March 31, 2021	As at and for the year ended March 31, 2020
Apollo Gleneagles PET-CT Private Limited	Investments in equity	85	85
	Services availed	34	40
	Revenue from operations	3	3
	Reimbursement of expense	10	17
	Receivable as at year end	11	4
Family Health Plan Insurance TPA Limited	Investments	5	5
	Receivable as at year end	85	58
Indraprastha Medical Corporation Limited	Dividend received	-	32
	Reimbursement of expenses	32	25
	Revenue of Operations	1,436	1,869
	Licence Fees	12	12
	Investment in equity	394	394
	Other receivable as at year end	13	18
	Trade receivable as at year end	293	375
Apollo Medicals Private Limited	Advance Paid during the year	25	9
	Investments in equity	366	-
	Receivable at year end	14	9
Apollo Sindoori Hotels Limited	Outsourcing Expenses - Food & Beverage	1,258	1,063
	Payable as at year end	266	272
Faber Sindoori Management Services Private Limited	Outsourcing Expenses - Housekeeping & others	756	1,029
	Payable as at year end	155	126
Olive & Twist Hospitality Private Limited	Outsourcing Expenses	17	17
	Purchase of Property, plant & equipment	36	-
	Payable at year end	4	0.22
Keimed Limited	Purchases	7,181	6,552
	Payable as at year end	555	80
Sanjeevani Pharma Distributors Private Limited	Purchases	3,442	3,277
	Payable as at year end	379	127
Palepu Pharma Private Limited	Purchases	5,429	5,625
	Payable as at year end	434	83
Medihauxe International Private Limited	Purchases	543	658
	Payable as at year end	76	58
Medihauxe Pharma Private Limited	Purchases	227	297
	Payable as at year end	23	13
Medihauxe Healthcare Private Limited	Purchases	121	111
	Payable at year end	13	6
Vardhaman Pharma Distributors Private Limited	Purchases	679	70
	Payable as at year end	70	28
Focus Medisales Private Limited	Purchases	0.12	0.94
Srinivasa Medisales Private Limited	Purchases	3,226	3,402
	Payable as at year end	306	131
Meher Distributors Private Limited	Purchases	1,034	1,001
	Payable as at year end	91	77

Entity Name	Type of transaction	As at and for the year ended March 31, 2021	As at and for the year ended March 31, 2020
Lucky Pharmaceuticals Private Limited	Purchases	942	1,215
	Payable as at year end	104	119
Neelkanth Drugs Private Limited	Purchases	2,322	2,097
	Payable as at year end	241	125
Dhruvi Pharma Private Limited	Purchases	1,185	1,125
	Payable as at year end	126	114
Adeline Pharma Private Limited	Purchases	570	584
	Payable at year end	69	52
Vasu Agencies Hyderabad Private Limited	Purchases	3,007	2,586
	Payable at year end	251	160
Vasu Vaccines & Speciality Drugs Private Limited	Purchases	30	49
	Payable at year end	4	4
Vasu Pharma Distributors Hyderabad Private Limited	Purchases	7	1
	Payable at year end	0.03	0.05
ATC Pharma Private Limited	Purchases	24	27
	Payable at year end	-	6
Shree Amman Pharma Private Limited	Purchases	16	11
	Payable at year end	4	2
Kurnool Hospital Enterprise Limited	Salary - PF	0.04	0.04
	Investments in equity	2	2
	Revenue from operations	1	1
	Trade receivable as at year end	1	2
Lifetime Wellness Rx International Limited	Revenue from Operations	7	55
	Loan outstanding	122	148
	Interest income	7	-
	Interest receivable	11	-
	Reimbursement of expense	4	19
	Trade receivable as at year end	11	22
Apollo Health Care Technology Solutions Limited	Investments in equity	0.20	0.20
Apollo Medskills Limited	Investigation Income	0.40	0.02
	Loans given	52	77
	Reimbursement of expenses	-	0.23
	Other receivable as at year end	2	5
APOKOS Rehabilitation Private Limited	Investments in equity	85	85
	Rental Income	10	17
	Reimbursement of expense	19	16
	Revenue from operations	-	3
	Other receivable as at year end	25	21
	Trade receivable as at year end	-	0.81
Apollo Hospitals Education Research Foundation	Reimbursement of expenses	21	22
	Other receivable as at year end	42	52

Entity Name	Type of transaction	As at and for the year ended March 31, 2021	As at and for the year ended March 31, 2020
Medvarsity Online Limited	Reimbursement of expense	0.03	4
	Revenue from Operation during the year (Dem Course)	-	2
	Receivable as at year end	5	4
Apollo Institute Of Medical Sciences And Research	Rental Income	12	12
	Revenue from Operations	4	3
	Other receivable as at year end	31	23
Apollo Tele-health Services Private Limited	Revenue from Operations	0.27	0.22
	Reimbursement of expenses	12	23
	Payable as at year end	16	9
Apollo Teleradiology Private Limited	Project revenue	1	0.34
	Payable as at year end	0.31	0.09
Apollo Hospitals Educational Trust	Rental Income	2	4
	Receivable as at year end	1	8
Healthnet Global Limited	Service Charges	114	19
	Other receivable as at year end	5	36
Matrix Agro Private Limited	Power charges paid	50	46
	Payable as at year end	19	0.43
Stemcyte India Therapeutics Private Limited	Investments In equity	80	80
P. Obul reddy & Sons	Purchase of furniture and fixtures	9	20
Apollo Singapore Pte Ltd	Investments in equity	1	1
Apollo Hospitals(UK) Ltd	Investments in equity	0.39	0.39
Apollo Home Health Care (I) Limited	Investments in equity	297	297
Kalpatharu Enterprises Private Limited	Rent Paid	5	-
	Payable as at year end	1	-
Apollo Amrish Oncology Services Private Limited	Pharmacy income	-	0.02
Apollo Shine Foundation	Pharmacy Income	0.06	1
	Loan	5	6
	Interest income	1	-
	Interest receivable	2	-
	Payable at year end	5	2
Indian Hospital Corporation Limited	Rent Income	0.12	0.12
	Receivable at year end	0.01	0.01
PCR Investments Limited	Rent Income	0.12	0.12
	Receivable at year end	0.01	0.01
Emedlife Insurance Broking Services Limited	Receivable at year end	-	0.09
Indo- National Limited	Purchases	30	32
	Payable at year end	11	6
Frister Foods Pvt Ltd	Purchases	15	-
	Payable at year end	2	-

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
(All amounts are in ₹ million unless otherwise stated)

Entity Name	Type of transaction	As at and for the year ended March 31, 2021	As at and for the year ended March 31, 2020
Stephan Design And Engineering Limited	Purchases	10	-
	Payable at year end	5	-
Dynavision Limited	Rent	62	72
	Payable at year end	11	6
Searchlight Health Private Ltd	Advertisement Charges	35	29
	Payable at year end	5	3
Dr. Pratap C Reddy	Remuneration Paid	57	121
Smt. Preetha Reddy	Remuneration Paid	29	47
Smt. Suneeta Reddy	Remuneration Paid	29	47
Smt. Sangita Reddy	Remuneration Paid	29	47
Smt. Shobana Kamineni	Remuneration Paid	29	47
Shri Krishnan Akhileswaran	Remuneration Paid	23	25
Shri SM Krishnan	Remuneration Paid	7	7
Shri Vinayak Chatterjee	Remuneration paid	2	2
Dr T. Rajgopal	Remuneration paid	2	2
Dr. Murali Doraiswamy	Remuneration paid	2	2
Smt. V. Kavitha Dutt	Remuneration paid	2	1
Shri. MBN Rao	Remuneration paid	2	2

45 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 maximize 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, 2021	March 31, 2020				
Derivative Financial Instruments (Assets)	-	67.00	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.	-	-

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, 2021	March 31, 2020				
Investments in Mutual Funds	9,562	275	Level 1	Fair value is determined based on the Net asset value published by respective funds.	-	-
Investments in equity Instruments (Refer note (i))	121	93	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

The fair value of the financial assets and liabilities is included at the amount at which the instrument could be exchanged in a current transaction between willing parties, other than in a forced or liquidation sale. The fair-value of the financial-instruments factor the uncertainties arising out of COVID-19, where applicable.

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	As at March 31, 2021	As at March 31, 2020
Opening Balance	94	54
Purchase/sale	27	51
Gain/ (Loss)	-	(11)
Closing Balance	121	94

46 Leases

46.1 Financial impact of initial application of Ind AS 116

Company as a Lessee

Ind AS 116 requires lessees to determine the lease term as the non-cancellable period of a lease adjusted with any option to extend or terminate the lease, if the use of such option is reasonably certain. The Company makes an assessment on the expected lease term on a lease-by-lease basis and thereby assesses whether it is reasonably certain that any options to extend or terminate the contract will be exercised. In evaluating the lease term, the Company considers factors such as any significant leasehold improvements undertaken over the lease term, costs relating to the termination of the lease and the importance of the underlying asset to the operations taking into account the location of the underlying asset and the availability of suitable alternatives. The lease term in future periods is reassessed to ensure that the lease term reflects the current economic circumstances.

The Company's lease asset classes primarily consist of leases for land and buildings. The Company assesses whether a contract contains a lease, at inception of a contract. A contract is, or contains, a lease if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

The lease term considered by the company for measurement of Right-of-use assets and lease liabilities range from 2 years to 60 years and the incremental borrowing rate considered for measurement of lease liability is 9%.

The tables below show amount of impact on financial statements on initial application of standard:

Particulars	
Retained earnings (As at April 1, 2019)	2,791
Adjustment on account of modified retrospective approach	1,944
De-recognition of pre-operative expenses earlier capitalised as per Ind AS 16	(1,133)
Deferred tax impact on above	3,603
Total	
Statement of Profit and Loss (For the year ended March 31, 2020)	
Interest on lease liabilities	1,273
Depreciation of Right-of-use assets	1,535
Reversal of rent expense as per erstwhile standard	(2,258)
Deferred tax impact on above	(192)
Total	358
Earnings per share (EPS)	
Basic and Diluted EPS prior to adoption of Ind AS 116	36.37
Basic and Diluted post adoption of Ind AS 116	33.80
Impact	2.57

Statement of Cash Flows

Under Ind AS 116, the company has presented

i) Short-term lease payments, payments for leases of low-value assets and variable lease payments not included in the measurement of the lease liability as part of operating activities;

ii) Cash paid for the interest and principal portion of lease liability as financing activities

Under Ind AS 17, all lease payments on operating leases were presented as part of cash flows from operating activities. Consequently, the net cash generated by operating activities has increased by ₹2,258 million and net cash used in financing activities increased by the same amount.

The adoption of Ind AS 116 did not have an impact on net cash flows.

The difference between the lease obligation disclosed as of March 31, 2019 under Ind AS 17 and the value of the lease liabilities as of April 1, 2019 is primarily on account of assessment of lease tenure considering all relevant facts and circumstances that create an economic incentive for the lessee to exercise the option when determining the lease term, significant leasehold improvements made and importance of the underlying asset to lessee's operations.

Reconciliation between operating lease commitment disclosed as per Ind AS 17 and lease liability recognised as at April 1, 2019 is given below:

Particulars	
Operating lease commitment as at March 31,2019	3,659
Discounted at incremental borrowing rate at April 1,2019	1,915
Recognition exemption for short term lease*	-
Extension and termination options reasonable certain to be exercised	12,356
Lease liabilities as at April 1,2019	14,271

* The company has not considered any lease commitment in case of short term leases in the previous period and these lease have also not been considered under Ind AS 116. Hence, there is no adjustment on account of short term leases.

Particulars	
Movement in Lease Liabilities	
Lease liability as on April 1, 2019	14,271
Additions	2,221
Deletions	-96
Finance Cost accrued during the period	1,273
Payment of lease liabilities*	(2,258)
Balance at March 31, 2020	15,412

* Includes repayment of both principal and interest

** Includes transfer of Rs 7,756 million pursuant to Scheme of Arrangement (Refer Note 55)

Refer note 6 for movement in Right-of-use assets from April 1, 2019 to March 31, 2020

The Company does not face a significant liquidity risk with regard to its lease liabilities as the current assets are sufficient to meet the obligations related to lease liabilities as and when they fall due.

(Refer Note 43.1 Liquidity and Interest risk tables for maturity pattern of lease payments)

The Company has made use of the following practical expedients available in its transition to Ind AS 116:

a) The Company has not re-assessed whether a contract is, or contains, a lease at April 1, 2019 and has applied the standard to all contracts that were previously identified as leases applying Ind AS 17, Leases.

b) The company has applied single discount rate to a portfolio of leases with reasonably similar characteristics (such as leases with a similar remaining lease term for a similar class of underlying asset in a similar economic environment). Consequently, the Company has recorded its lease liability using the present value of remaining lease payments, discounted using the incremental borrowing rate at the date of initial application and the right-of-use asset at its carrying amount as if the standard had been applied since the commencement date of the lease, but discounted using the incremental borrowing rate at the date of initial application.

The Company's incremental borrowing rate as in the date of initial application is at 9%, which has been used for measurement of lease liabilities.

c) The company has excluded the initial direct costs from measurement of the Right-of-use asset.

d) The Company does not recognize Right-of-use assets and lease liabilities for leases with less than twelve months of lease term and low value assets on the date of initial application.

47 Commitments

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Commitments to contribute funds for the acquisition of property, plant and equipment	2,276	1,182
Commitments to contribute funds towards Equity	4,100	416

48 Contingent liabilities

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
a) Claims against the Company not acknowledged as debt	3,819	3,112
b) Corporate Guarantee/Letters of Comfort (Refer note (ii) below)	3,751	3,461
c) Other money for which the company is contingently liable		
Customs Duty	372	309
Service Tax	-	-
Provident Fund	26	26
Value Added Tax	1	1
Luxury Tax	3	3
Income Tax (Refer note (i) below)	176	182
Total	8,148	7,093

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Consideration receivable as part of disposal of investment in associate	81	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) : Details of corporate guarantee / comfort letters issued on behalf of related parties are as follows:

Particulars	Beneficiary	As at March 31, 2021	As at March 31, 2020
Alliance Dental Care Limited	ICICI Bank Limited	371	371
Apollo Health and Lifestyle Limited	Yes Bank Limited	300	300
Apollo Health and Lifestyle Limited	HDFC Bank Limited	610	610
Apollo Rajshree Hospital Private Limited	Axis Bank Limited	300	60
Future Parking Private Limited	ICICI Bank Limited	55	55
Apollo Specialty Hospital Private Limited	HDFC Bank Limited	650	650
Apollo Specialty Hospital Private Limited	Federal Bank Ltd	100	100
Imperial Hospital and Research Centre Limited	Axis Bank Limited	1,295	1,295
Apollo Home Health Care Limited	ICICI Bank Limited	50	-
Apollo Home Health Care Limited	Capsave Finance Limited	20	20
Total		3,751	3,461

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 income tax and value added tax, ₹21 million has been deposited before the respective statutory authorities as at March 31, 2021 and ₹73 million as at March 31, 2020.

49 Expenditure in foreign currency

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
a. CIF Value of Imports:		
Machinery and Equipment	328	1,141
Stores and Spares	-	30
Other Consumables	11	33
b. Expenditure.		
Travelling Expenses	-	57
Professional Charges	70	77
Royalty	3	6
Advertisement	-	4
Others	48	33
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.	1	2
Non-Residents shareholders to whom remittance was made (Nos.)	135	136
Shares held by non-resident share-holders on which dividend was paid (Nos.)	548,995	557,395

50 Earnings in foreign currency

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
Hospital Fees	343	855
Project Consultancy Services	286	35
Pharmacy Sales	-	18
Total	628	908

51 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)		
Loans and Advances in the nature of loans to subsidiaries, joint ventures and associates	Refer Note 10	Refer Note 10
Investments to subsidiaries, joint ventures and associates	Refer Note 9	Refer Note 9

52 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 45, to the financial statements.

53 Intangible Assets under Development

(Internally generated)

Particulars	As at March 31, 2021	As at March 31, 2020
Opening Balance	265	-
Additions during the year	353	265
Capitalised during the year	(395)	-
Closing balance	223	265

54 Exceptional Items

Particulars	As at March 31, 2021	As at March 31, 2020
Profit on sale of investments (Refer footnote (i))	-	1,965
Impairment of long term investments and advances (Refer footnote (ii))	(80)	(321)
Pursuant to scheme of arrangement (Refer note 55)	(11)	-
Total	(91)	1,644

(i) The Company, after meeting the closing conditions for the sale of investments in an associate, Apollo Munich Health Insurance Company Limited (AMHI) to Housing Development Finance Corporation Limited, in the quarter ended March 31, 2020 has recognised the sale and recorded a profit of ₹ 1,965 million (net of transaction costs and after considering indemnity related deductions), which has been disclosed under Exceptional Items. The amounts unpaid on account of indemnity related deductions have been disclosed as part of contingent assets.

(ii) The Company has impaired its equity investment of Rs.80 million held in an associate, Stemcyte Therapeutics India Private Limited in view of adverse business conditions. (During the previous year the company has impaired equity investment and advance receivable in its subsidiary Apollo Lavasa Health Corporation Limited, aggregating to Rs. 321 million disclosed under Exceptional Items consequent to continuing constraints faced at the Lavasa Hill Station coupled with further uncertainties arising out of COVID-19 pandemic.)

55 Scheme of Arrangement

55.1 The Scheme of Arrangement ('the Scheme') for transfer of front-end retail pharmacy business included in the standalone pharmacy segment ('divestment business') to Apollo Pharmacies Limited ('APL' or 'Transferee Company'), a wholly owned subsidiary of Apollo Medicals Private Limited ('AMPL') for an overall cash consideration of Rs.5,278 million was approved by the National Company Law Tribunal vide their Order dated August 3, 2020. The Scheme was effective from September 1, 2020 ('effective date').

Pursuant to the Scheme becoming effective, the Company invested Rs.365 million and its ownership interest in AMPL changed to 25.50%, resulting in loss of control with effect from September 1, 2020. Net gain on disposal of divestment business of Rs. 845 million has been included under exceptional items. (Refer note i)

As per the Scheme, accounting in the books of the Company is given effect as on the effective date considering the transfer of the divestment business with effect from April 1, 2019 ('appointed date'). Consequently, the net economic benefit transferred from the appointed date till the effective date related to divestment business of Rs. 856 million has been included under exceptional items. (Refer Note ii)

Note (i): Net Gain on disposal of divestment business

(Measured as of effective date basis the values as of appointed date as per the Scheme)

Particulars	Amount (₹Million)
Net assets transferred (as of appointed date)	4,433
Purchase Consideration received	5,278
Net Gain on Disposal	845

Note (ii): Transfer of Economic Interest for the period between appointed date and effective date

Particulars	Amount (₹Million)
For the period of 12 months ended March 31, 2020	485
For the period of 5 months ended August 31, 2020	370
Total	855

Exceptional Item (As disclosed in note 54)

Particulars	Amount (₹Million)
Net Gain on disposal of business	845
Transfer of economic interest for the period between appointed date and effective date	(856)
Net Gain / (loss) presented as part of exceptional items	(11)

Assets & Liabilities transferred pursuant to the Scheme as of Effective Date (Spetember 1, 2020)

Particulars	Amount (₹Million)
Property Plant and Equipment	2,007
Inventories	5,904
Right-Of-Use Assets	6,645
Other assets	2,800
Total value of assets transferred	17,356

Particulars	Amount (₹Million)
Other Liabilities	3,948
Lease Liabilities	7,756
Provision for Bonus, gratuity and leave encashment	470
Total value of liabilities transferred	12,174
Net Assets transferred as of effective date	5,182

56 Subsequent Events after the reporting period

56.1 The Board of Directors of the Company at their meeting held on February 13, 2020 approved the proposal for merger of the following wholly owned subsidiary companies with the Company.

a. Apollo Home Healthcare (India) Limited and
b. Western Hospitals Corporation Private Limited

The Company has received approval from Ministry of Corporate affairs (MCA) on June 28, 2021 on the Scheme of Amalgamation of M/s.Western Hospitals Corporation Private Limited and M/s. Apollo Home Healthcare (India) Limited with M/s. Apollo Hospitals Enterprise Limited. The Company earlier has received approval from members and creditors as per Companies Act, 2013. The scheme shall be effective from April 1, 2020.

The Board of Directors of the Company has adopted the financial statements on June 23, 2021. No effect for the Scheme has been given effect to in this financial statements for the year ended March 31, 2021 as this qualifies to be a non-adjusting event where business combination occurred post the date of adoption of financial statements.

56.2 The Company completed the acquisition of an additional 50% stake in Apollo Multi Speciality Hospitals Limited, Kolkata ("AMHL" and formerly Apollo Gleneagles Hospital Limited, Kolkata) during April 2021. As a consequence, AMHL is now a 100% wholly owned subsidiary of the Company. No effect of this acquisition has been given in these financial statements since the acquisition was consummated post March 31, 2021

The closing board meeting where the nominees of the Company have been onboard in place of nominees of erstwhile shareholder and share transfer has been executed on April 22, 2021. Therefore, the company considers this date as the acquisition date from when the Company obtained control and AMHL has become a wholly-owned subsidiary.

Given the recent timing of the transaction and pending completion of the valuations for identifiable net assets acquired and liabilities assumed, at the time these financial statements were authorized for issuance, the initial accounting for the business combination is incomplete. Accordingly, not all relevant disclosures are available for the business combination. The Company will report the purchase price allocation in unaudited financial results for three months ended June 30, 2021.

There are no subsequent events other as mentioned in note 56.1 and note 56.2

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 : Bengaluru
Date : August 7, 2021

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : June 23, 2021

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	31st Mar 2021	Ind AS				I GAAP				
		31st Mar 2020	31st Mar 2019	31st Mar 2018	31st Mar 2017	31st Mar 2016	31st Mar 2015	31st Mar 2014	31st Mar 2013	31st Mar 2012
Balance Sheet										
Sources										
Share Capital	718.92	695.63	695.63	695.63	695.63	695.63	695.63	695.63	695.63	672.33
Preferential issue of equity share warrants				-		-	-	-	-	387.05
Reserves and Surplus	51,296.00	39,187.60	38,138.53	36,239.36	35,094.51	32,459.74	30,915.08	28,951.61	26,580.34	22,463.28
Networth	52,014.92	39,883.23	38,834.16	36,934.99	35,790.14	33155.37	31,610.71	29,647.24	27,275.97	23,522.66
Loans (including long term liabilities and provisions)	27,086.13	39,214.51	26,014.79	25,568.96	26,300.95	20,080.49	14,609.49	10,079.98	8,825.42	6,921.47
Deferred Tax Liability	2,978.00	2,913.29	3,103.73	2,466.06	2,336.74	5,251.57	4,019.46	3,288.58	2,394.11	1,700.85
Applications										
Gross Block (incl. ROU, Goowill & (WIP)	72,445.47	83,458.31	59,926.86	53,716.18	45,750.36	39,923.22	37,139.45	31,438.71	26,427.74	21,196.95
Accumulated Depreciation	19,874.75	20,900.17	12,040.69	9,118.02	6,474.75	3,953.47	7,742.41	6,742.13	5,785.31	4,827.51
Net Block	52570.72	62,558.14	47,886.17	44,598.16	39,275.61	35,969.75	29,397.04	24,696.58	20,642.43	16,369.44
Investments	20,907.24	10,762.76	10,852.73	9,002.73	10,637.66	8,771.76	7,130.21	6,900.27	8,960.35	7,641.18
Long Term Loans and Advances	2,998.48	4,981.12	5,640.03	4,741.57	5,434.49	7,355.45	5,850.63	4,876.08	3,227.58	5,103.33
Current Assets, Loans & Advances										
Inventory	2,103.20	7,074.06	5,611.46	5,386.82	4,425.04	3,814.21	3,325.04	2,649.74	2,053.88	1,827.09
Debtors	12,040.46	9,661.23	9,093.18	7,499.36	6,635.92	5,460.81	5,495.45	4,684.51	4,266.09	3,537.70
Cash & Bank Balances	4,082.55	3464.97	2,776.57	2945.6	2,727.48	2,557.57	2,492.28	2,088.98	2,554.66	1,869.55
Loans & Advances	2,588.94	2675.29	2,423.36	3,946.45	2,795.31	4,447.17	4,508.94	2,669.73	1,838.90	1,234.94
(A)	**20,815.15**	**22,875.56**	**19,904.57**	**19,778.23**	**16,583.75**	**16,279.76**	**15,821.71**	**12,092.96**	**10,713.53**	**8,469.28**
Current Liabilities & Provisions										
Creditors	8,495.90	7,273.52	5,364.29	4,733.85	3,920.18	4,012.80	3,201.00	2,487.23	1,763.42	1,709.36
Other Liabilities	5,740.74	11,073.28	10,006.20	7,741.68	2,965.12	5,284.84	3,454.56	1,746.51	2,130.62	2,955.67
Provisions	975.30	1,084.40	960.35	675.15	618.68	591.65	1,304.37	1,316.35	1,154.35	773.22
(B)	**15,211.94**	**19,431.20**	**16,330.84**	**13,150.68**	**7,503.07**	**9,889.29**	**7,959.93**	**5,550.09**	**5,048.39**	**5,438.25**
Net Current Assets (A - B)	5,603.21	3,444.36	3,573.73	6,627.55	9,080.07	6,390.47	7,861.78	6,542.87	5,665.14	3,031.03
Key Indicators										
O P M %	10.53	14.54	12.34	11.71	12.64	13.82	15.6	16.38	17.46	17.41
N P M %	1.15	4.80	3.63	3.24	4.51	5.94	7.47	8.51	9.23	8.17

Financial Highlights for the year ended	31st Mar 2021	Ind AS				I GAAP				
		31st Mar 2020	31st Mar 2019	31st Mar 2018	31st Mar 2017	31st Mar 2016	31st Mar 2015	31st Mar 2014	31st Mar 2013	31st Mar 2012
Collection Growth %	(6.47)	17.44	16.03	13.73	12.56	21.19	19.41	15.98	18.42	20.36
OP Growth (%)	(32.30)	38.41	22.33	5.30	2.97	7.4	13.67	8.85	18.76	24.6
Earnings Per Share (₹) (Basic)	7.50	33.80	21.76	16.76	20.5	24	24.91	23.77	22.43	17.72
Capital Employed	74,828.57	71,483	71,212	66,848	63,382	56,693	48,421	40,443	36,954	29,693
Book value per Share	371.56	286.67	279.13	265.48	257.25	238.31	227.24	220	196	172.05
ROI (PBIT/AV.CE) %	7.24	13.23	10.58	8.75	9.32	10.5	12.39	13.1	14.42	14.63
RONW %	2.02	11.79	7.80	6.31	7.97	10.07	11.32	11.62	12.17	11.2
Employee Cost to Collections %	13.90	15.49	15.51	15.55	14.88	14.87	15.54	15.71	15.66	15.15
Debt/Equity Ratio	0.44	0.82	0.88	0.84	0.77	0.71	0.52	0.35	0.35	0.29

Profit & Loss Account	Ind AS #										I GAAP									
	31st Mar 2021		31st Mar 2020		31st Mar 2019		31st Mar 2018		31st Mar 2017		31st Mar 2016		31st Mar 2015		31st Mar 2014		31st Mar 2013		31st Mar 2012	
		%		%		%		%		%		%		%		%		%		%
Income	91,711.93		98,053.39		83488.96		71955.99		63,271.46		56,210.40		46,380.62		38,840.00		33,488.18		28,279.20	
Operative Expenses	53,574.37	58.42	51,819.85	52.85	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
Salaries and Wages	12,751.05	13.90	15,191.78	15.49	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
Administrative Expenses	15,730.86	17.15	16,780.29	17.11	16544.46	19.82	14331.84	19.92	12,215.00	19.3	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
Operating Profit	9,655.65	10.53	14,261.47	14.54	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
Financial Expenses	3,438.43	3.75	4,258.79	4.34	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
Depreciation	4,359.47	4.75	4,822.60	4.92	2998.95	3.59	2720.04	3.78	2,405.91	3.8	2,005.00	3.57	1,580.41	3.41	1,290.78	3.32	1,085.20	3.24	911.28	3.88
Exceptional /	(90.85)		1,643.53																	
Extraordinary Items											256.78	0.46	146.88	0.32	-	-	45.45	-	-	-
PBT	1,766.90	1.93	6,823.61	6.96	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
Tax - Current	620.90	0.68	1,182.48	1.21	805.31	0.96	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
Deferred	94.77	0.10	938.62	0.96	791.78	0.95	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
PAT	1,051.23	1.15	4,702.50	4.80	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
Dividend	382.59		1,551.44		837.23		225.87	-	-		1,967.55		799.97		799.97		765.19		537.87	

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 Comprehensive Income	Total Comprehensive 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	32.13	332.75	2.39	318.30	6.23	3.15	1.31	1.84	-	1.84	-	100.00
2	AB Medical Centers Limited	INR	16.80	65.82	85.05	2.43	-	8.04	7.79	1.41	6.38	-	6.38	-	100.00
3	Apollo Health and Lifestyle Limited	INR	1284.00	(1,046.80)	10120.80	9820.50	1.80	7,062.80	(665.20)	(1.30)	(663.90)	(24.90)	(688.80)	-	68.25
4	Samudra Healthcare Enterprise Limited	INR	125.00	232.91	441.65	83.74	-	509.45	145.30	30.16	115.14	(13.73)	113.77	-	100.00
5	Western Hospitals Corporation Pvt Limited	INR	180.00	1.80	348.43	166.63	262.60	6.23	(10.31)	-	(10.31)	-	(10.31)	-	100.00
6	Total Health	INR	5.00	48.09	71.09	18.00	-	24.33	(15.53)	-	(15.53)	(0.46)	(15.07)	- -	100.00
7	Medics international Lifesciencs Limited	INR	1122.45	(74.00)	3350.05	2301.60	-	1,928.15	57.23	(40.18)	97.41	(13.73)	93.40		51.00
8	Apollo Hospital (UK) Limited	INR	0.50	(8.22)	0.51	8.22	-	-	(0.94)	-	(0.94)	-	(0.94)	-	100.00
		GBP	0.01	(0.08)	0.01	0.08	-	-	(0.08)		(0.08)		(0.08)	-	
9	Apollo Hospitals Singapore Pte Limited	INR	190.84	(58.28)	131.52	(1.04)	129.73	-	(15.84)	-	(15.84)	-	(15.84)		100.00
		USD	2.61	-	1.79	(0.82)	-	-	(0.21)	-	(0.21)	-	(0.21)	-	
10	Imperial Hospital & Research Centre Limited	INR	299.45	958.25	2700.85	1443.15	0.50	2,319.75	118.47	35.28	83.19	3.39	86.58	-	90.00
11	Apollo Nellore Hospital Limited	INR	13.97	23.05	40.39	3.37	-	8.17	7.93	1.49	6.44	-	6.44	-	80.87
12	Apollo Rajshree Hospitals Pvt Limited	INR	196.87	(70.06)	686.26	559.45	-	863.57	83.56	(0.15)	83.41	(0.42)	83.83	-	54.63
13	Sapien Bio-Sciences Pvt Limited	INR	0.14	(15.61)	19.58	35.05	-	31.43	11.80	0.62	11.18	(0.13)	11.05	-	70.00
14	Apollo Lavasa Health Corporation Limited	INR	12.79	408.27	726.52	305.46		1.70	(19.59)	-	(19.59)	-	(19.59)	-	51.00
15	Apollo Home Health Care Limited	INR	238.69	(336.74)	132.20	230.25	-	552.80	15.68	(1.25)	16.93	-	16.93	-	89.42
16	Assam Hospitals Limited	INR	84.30	1138.06	1905.03	682.67	406.76	1,352.15	119.91	39.14	80.77	(13.73)	77.94	-	65.85
17	Future Parking Pvt Limited	INR	49.00	(126.13)	294.77	371.90	-	45.60	(20.04)	-	(20.04)	-	(20.04)	-	100.00
18	Apollo Hospitals International Limited	INR	1,006.03	71.70	2,323.57	1,260.14	-	1,719.13	82.41	53.35	29.06	-	29.06	-	50.00
19	Alliance Dental Care Limited *	INR	43.80	(161.79)	302.41	420.40	18.60	173.56	(48.56)	-	(48.56)	0.32	(48.24)	-	69.54
20	Apollo Dialysis Private Limited *	INR	48.19	67.18	486.73	371.36	-	414.82	(4.32)	0.03	(4.35)	(0.10)	(4.46)		59.30
21	Apollo Speciality Hospitals Private Limited *	INR	2.73	(78.77)	5682.89	5758.90	424.86	3,301.30	(441.70)	-	(441.70)	(14.80)	(456.50)	-	100.00
22	Apollo Sugar Clinics Limited *	INR	36.68	282.52	465.36	146.17	-	187.82	2.93	0.11	2.82	(0.33)	2.50	-	80.00
23	Apollo Bangalore Cradle Limited **	INR	27.32	11.03	588.20	549.85	-	447.26	56.18	(1.65)	57.83	(0.03)	57.79		100.00
24	Kshema Healthcare Private Limited **	INR	17.53	28.00	45.71	0.18	45.54	-	-	-	-	-	-	-	100.00
25	AHLL Diagnostics Limited *	INR	0.50	(0.17)	0.36	0.03	-	-	(0.04)	-	(0.04)	-	(0.04)	-	100.00
26	AHLL Risk Management Private Limited *	INR	6.50	(8.19)	6.53	8.22	-	0.53	(5.17)	-	(5.17)	-	(5.17)	-	100.00
27	Surya Fertility Centre Private Limited *	INR	5.00	9.07	29.46	15.39	-	28.70	1.55	0.39	1.16	-	1.16		100.00
28	Apollo CVHF Limited #	INR	150.00	(195.58)	590.03	635.61	-	185.90	(74.61)	(2.51)	(0.00)	0.11	(71.99)		66.67

* Subsidiaries of Apollo Health and Lifestyle Limited

Subsidiary of Apollo Hospitals International Limited

** Step down subsidiaries of Apollo Health and Lifestyle 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 -Apollo Medicals Private Limited became an Associate with effect from 1st September 2020

Part “B”: Associates and Joint Ventures
Statement pursuant to Section 129 (3) of the Companies Act, 2013 related to Associate Companies and Joint Ventures

(₹ in million)

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, 2021	1,960,000	4.90	49.00	Ref Note.1	-	863.08	280.23	137.31	
2	Indraprastha Medical Corporation Limited	31st Mar, 2021	20,190,740	393.72	22.03	Ref Note.1	-	600.88	23.27	5.13	-
3	Stemcyte Therapautics India Pvt Limited	31st Mar, 2021	240,196	80.00	24.50	Ref Note.1	-	(0.03)	(0.03)	(0.01)	-
4	Apollo Medicals Private Limited	31st Mar, 2021	36,592,499	365.92	25.50	Ref Note.1		392.76	169.98	43.34	-
	Joint Ventures										
5	Apollo Multi Speciality Hospitals Limited (formerly Apollo Gleneagles Hospitals Limited)	31st Mar, 2021	54,675,187	393.12	50.00	Ref Note.1	-	1097.53	(104.19)	(52.10)	-
6	Apollo Gleneagles PET-CT Pvt Limited	31st Mar, 2021	8,500,000	85.00	50.00	Ref Note.1	-	37.44	(10.09)	(5.05)	-
7	Apkos Rehab Pvt. Limited	31st Mar, 2021	8,475,000	84.75	50.00	Ref Note.1	-	53.54	(7.27)	(3.64)	

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 of Associates or Joint Ventures which have been liquidated or sold during the year -
Medics International Lifesciences Limited became subsidiary with effect from 7th January 2021

For and on behalf of the Board of Directors

Krishnan Akhileswaran
Chief Financial Officer

Dr. Prathap C Reddy
Executive Chairman

S M Krishnan
Vice President - Finance
& Company Secretary

Preetha Reddy
Executive Vice Chairperson

Place : Chennai
Date :June 23, 2021

Suneeta Reddy
Managing Director

CONSOLIDATED FINANCIAL STATEMENTS

INDEPENDENT AUDITOR'S REPORT

To The Members of Apollo Hospitals Enterprise Limited

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Apollo Hospitals Enterprise Limited ("the Company"/ "Parent Company") and its subsidiaries, (the Company and its subsidiaries together referred to as "the Group") which includes Group's share of profit in its associates and joint ventures, which comprise the Consolidated Balance Sheet as at 31 March 2021, and the Consolidated Statement of Profit and Loss (including Other Comprehensive Income), the Consolidated Statement of Cash Flows and the Consolidated Statement of Changes in Equity for the year then ended, and a summary of significant accounting policies and other explanatory information (hereinafter referred to as "the consolidated financial statements").

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 of the other auditors on separate financial statements of the subsidiaries, associates and joint ventures referred to in the 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, 2021, and their consolidated profit, their consolidated total comprehensive income, their consolidated cash flows and their consolidated changes in equity 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, its associates and joint ventures in accordance with the Code of Ethics issued by the Institute of Chartered Accountants of India (ICAI) together with the ethical 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-paragraphs (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 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.

We draw attention to Note 4.1.12 to the consolidated financial statements, which describes Management's assessment of the impact of COVID-19 pandemic on significant uncertainties in developing some of the estimates involved in preparation of the financial statements including recoverability of receivables, Property, plant & equipment including Capital work in progress and certain investments (including goodwill). Based on information available as of this date, Management believes that no further adjustments are required to the financial statements. However, in view of the highly uncertain economic environment, a definitive assessment of the impact is highly dependent upon circumstances as they evolve in future and the actual results may differ from those estimated as at the date of approval of these consolidated 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 consolidated financial statements of the current period. These matters were addressed in the context of our audit of the consolidated 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.

Key Audit Matter	Auditor's Response
Allowances for credit losses (Parent) As stated in Note 13, the Parent Company has determined the allowance for credit loss based on historical loss experience which is adjusted to reflect current and estimated future economic conditions. The historical loss experience model required revisions considering the overall economic conditions and its impact on the customers' business operations/ability to pay dues. Based on such analysis the Parent Company has recorded an allowance aggregating to ₹1,137 Million as included Note 13 of the consolidated financial statements. We identified allowance for credit losses as a key audit matter because the Parent Company exercises significant judgment in calculating the expected credit losses.	**We performed the following key audit procedures:** 1. We tested the design and implementation and operating effectiveness of controls over (a) development of methodology for the allowance for credit losses, including consideration of the overall economic conditions (b) completeness and accuracy of information used in estimation of the probability of default (c) computation of the expected credit loss allowances. 2. For a sample of customers under each category, verified publicly available credit reports and other information relating to the Company's customers to test if the Management had correctly considered the adjustments to credit risk. 3. Recomputed the expected credit loss allowance considering the above determined input data and compared the amounts so recomputed with the amounts recorded by the Management to determine if there were any material differences individually or in the aggregate
Scheme of Arrangement (Parent) The Scheme of Arrangement ('the Scheme') for transfer of front-end retail pharmacy business included in the standalone pharmacy segment ('divestment business') to Apollo Pharmacies Limited, a wholly owned subsidiary of Apollo Medicals Private Limited was approved by the National Company Law Tribunal vide their Order dated August 3, 2020. The Scheme was effective from September 1, 2020 ('effective date').As per the Scheme, accounting in the books of the Company is given effect as on the effective date considering the transfer of the divestment business with effect from April 1, 2019 ('appointed date'). Giving effect to the Scheme involves identification of the divestment assets and liabilities of the divestment business as defined under it and are subject to the provisions of the Scheme and accordingly has been identified as a key audit matter. Refer Note 64 for the disclosures on the Scheme of Arrangement.	**We performed the following key audit procedures:** 1. We obtained the Scheme and examined its terms and conditions for identification of the assets and liabilities to be transferred 2. Tested the internal controls over identification of such assets and liabilities, the accounting treatment in the books of accounts in compliance with the Scheme and other statues, as applicable 3. Tested the completeness of the assets and liabilities to be transferred and to be retained in the Company based on comparison with the Scheme and other discussions with the Management 4. Evaluated the accounting treatment for compliance with the Scheme and other status, as applicable and tested the resulting accounting entries recorded by the Company Evaluated the appropriateness of the relevant disclosures in respect of the Scheme for compliance with the applicable accounting standards

Information Other than the Financial Statements and Auditor's Report Thereon

- The Parent Company's Board of Directors is responsible for other information. The other information comprises the information included in the Management Discussion and Analysis, Directors' Report to the shareholders including Annexures to Board's Report, Business Responsibility Report, Corporate Governance 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 Ind AS 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 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 Company, as aforesaid.

In preparing the consolidated financial statements, the respective Board of Directors of the companies included in the Group and of its associates and joint ventures are responsible for assessing the ability of the respective entities to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the respective Board of Directors either intends to liquidate their respective entities or to 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 also 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 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 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 and its associates and joint ventures 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 statements of 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 information included in the consolidated financial statements of which we are the independent auditors. For the other entities 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 Company and such other entities included in the consolidated financial statements 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 24 subsidiaries, whose financial statements reflect total assets of ₹18,038 million as at March 31, 2021, total revenues of ₹8,953 million and net cash inflows amounting to ₹442 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 after tax of ₹74 million for the year ended March 31, 2021, as considered in the consolidated financial statements, in respect of 3 associates and 1 joint ventures[2 joint ventures upto the quarter ended December 31, 2020], 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 1 subsidiary whose financial statements reflect total assets of ₹0.5 million as at March 31, 2021 and total revenue of ₹Nil and net cash outflows of ₹Nil for the year ended March 31, 2021 whose financial statements have not been audited by us. The Group's share of net loss after tax of ₹14 million for the year ended March 31, 2021, as considered in the consolidated financial statements, in respect of 1 associate and 1 Joint Venture, 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 and on the consideration of the reports of the other auditors on the separate financial statements and other information of the subsidiaries, associates and joint ventures referred to in the Other Matters section above we report, to the extent applicable, 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, returns and the reports of the other auditors.

    c) The Consolidated Balance Sheet, the Consolidated Statement of Profit and Loss including Other Comprehensive Income, the Consolidated Statement of Cash Flows and the Consolidated Statement of Changes in Equity 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 Ind AS specified under Section 133 of the Act.

    e) On the basis of the written representations received from the directors of the Parent Company as on March 31, 2021 taken on record by the Board of Directors of the Parent and the reports of the statutory auditors of its subsidiary companies, associate companies and joint venture companies incorporated in India, none of the directors of the Group companies, its associate companies and joint venture companies incorporated in India is disqualified as on March 31, 2021 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 Company, 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.

    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 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 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 Company and its subsidiary companies, associate companies and joint venture companies incorporated in India.

For **DELOITTE HASKINS & SELLS LLP**
Chartered Accountants
(Firm's Registration No. 117366W/W-100018)

Vikas Bagaria
Partner
Membership No. 060408)
(UDIN 21060408AAAACK5874)

Place: Bengaluru
Date: August 7, 2021

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 financial statements of the Company as of and for the year ended March 31, 2021, we have audited the internal financial controls over financial reporting of Apollo Hospitals Enterprise Limited (hereinafter referred to as "Company"/"Parent Company") 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 other auditors of the subsidiary companies, associates 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 Parent 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, 2021, 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 twenty four subsidiary companies, three associate companies and one joint venture, 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's Registration No. 117366W/W-100018)

Vikas Bagaria
Partner
Membership No. 060408)
(UDIN 21060408AAAACK5874)

Place: Bengaluru
Date: August 7, 2021

BALANCE SHEET AS AT MARCH 31, 2021

Consolidted Financial Statements for the year ended March 31, 2021

(All amounts are in ₹Millions unless otherwise stated)

Particulars	Note	As at March 31, 2021	As at March 31, 2020
ASSETS			
Non-current assets			
(a) Property, Plant and Equipment	5	53,505	54,044
(b) Right-of-use assets	6	9,836	16,474
(c) Capital work-in-progress	5.1	2,116	2,091
(d) Investment Property	7	53	59
(e) Goodwill	8	3,753	3,462
(f) Other Intangible assets	9	636	282
(g) Intangible assets under development		223	265
(h) Financial Assets			
(i) Investments in Equity Accounted Investee	10	3,082	3,242
(ii) Other Investments	11	367	350
(iii) Loans	12	179	231
(iv) Other financial assets	14	1,441	2,337
(i) Deferred Tax Asset	25	251	496
(j) Income Tax Asset (Net)	27	1,705	2,811
(k) Other non-current assets	18	608	771
Total Non - Current Assets		**77,754**	**86,915**
Current Assets			
(a) Inventories	15	2,495	7,378
(b) Financial assets			
(i) Investments	11	9,978	749
(ii) Trade receivables	13	13,311	10,272
(iii) Cash and cash equivalents	16	4,252	3,807
(iv) Bank balances other than (iii) above	17	2,992	861
(v) Loans	12	53	70
(vi) Other financial assets	14	603	1,018
(c) Contract assets		1,013	663
(d) Other current assets	18	1,717	1,651
Total Current Assets		**36,413**	**26,469**
Total Assets		**114,167**	**113,384**
Equity And Liabilities			
Equity			
(a) Equity Share capital	19	719	696
(b) Other equity	20	45,306	32,695
Equity attributable to owners of the Company		46,025	33,390
Non-Controlling Interest	21	1,999	1,307
Total Equity		**48,024**	**34,697**
Liabilities			
Non-Current Liabilities			
(a) Financial Liabilities			
(i) Borrowings	22	24,734	28,520
(ii) Other financial liabilities	23	18,201	23,748
(b) Provisions	24	223	101
(c) Deferred tax liabilities (Net)	25	2,605	2,942
(d) Other non-current liabilities	29	1	1
Total Non - Current Liabilities		**45,765**	**55,313**
Current Liabilities			
(a) Financial Liabilities			
(i) Borrowings	22	212	4,975
(ii) Trade payables	26		
(a) total outstanding dues of micro enterprises and small enterprises		227	100
(b) total outstanding dues of creditors other than micro enterprises and small enterprises		11,373	8,988
(iii) Other financial liabilities	23	6,201	6,191
(b) Other current liabilities	29	1,268	1,887
(c) Provisions	24	1,093	1,230
(d) Current Tax Liabilities (Net)	28	5	2
Total Current Liabilities		**20,378**	**23,373**
Total Liabilities		**66,143**	**78,687**
Total Equity and Liabilities		**114,167**	**113,384**

The accompanying notes form an integral part of these consolidated 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-10018

Krishnan Akhileswaran
Chief Financial Officer

Dr. Prathap C Reddy
Executive Chairman

Vikas Bagaria
Partner
Membership No. 060408

S M Krishnan
Vice President - Finance
& Company Secretary

Preetha Reddy
Executive Vice Chairperson

Place : Bengaluru
Date : August 7, 2021

Place : Chennai
Date : June 23, 2021

Suneeta Reddy
Managing Director

STATEMENT OF PROFIT AND LOSS

Consolidated of Profit and Loss for the year ended March 31, 2021

(All amounts are in ₹Millions unless otherwise stated)

Particulars	Note	Year Ended March 31, 2021	Year Ended March 31, 2020
Income			
Revenue from Operations	30	105,600	112,468
Other Income	31	450	270
Total Income		106,050	112,738
Expenses			
Cost of materials consumed	32	16,233	18,092
Purchases of Stock-in-trade		41,861	37,967
Changes in inventory of stock-in-trade	33	(1,252)	(1,070)
Employee benefits expense	34	16,010	18,529
Finance costs	35	4,492	5,328
Depreciation and amortisation expense	36	5,731	6,197
Other expenses	37	21,374	23,077
Total expenses		104,449	108,120
Profit before exceptional items, share of net profits of investments accounted for using equity method and tax		1,601	4,617
Exceptional Items (Refer note 64)		606	1,983
Profit before share of net profits of investments accounted for using equity method and tax		2,207	6,600
Tax expense			
(1) Current tax (including tax expense of prior year)	38	758	1,309
(2) Deferred tax	38	89	943
Total tax expenses		847	2,252
Profit after tax		1,360	4,348
Share of net profit/ (loss) of associates and joint ventures accounted for using the equity method		8	(31)
Profit for the year		1,368	4,317
Other Comprehensive Income			
Items that will not be reclassified to profit or loss (Net of tax of ₹82; Previous year of ₹7)			
(a) Remeasurement of the defined benefit plans	40	153	(5)
(b) Change in fair value of financial instruments measured at FVTOCI	49	-	(1)
Total comprehensive income for the Year		1,521	4,311
Profit/(loss) for the year attributable to:			
Owners of the Company		1,504	4,549
Non-Controlling Interest		(136)	(231)
Other Comprehensive Income/ (expense) for the year attributable to:			
Owners of the Company		163	(6)
Non-Controlling Interest		(10)	-
Total Comprehensive Income/(loss) for the year attributable to:			
Owners of the Company		1,667	4,544
Non-Controlling Interest		(146)	(232)
Earnings per equity share of par value of ₹5 each			
Basic (in ₹)	42	10.74	32.70
Diluted (in ₹)	42	10.74	32.70

The accompanying notes form an integral part of these consolidated 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-10018

Krishnan Akhileswaran
Chief Financial Officer

Dr. Prathap C Reddy
Executive Chairman

Vikas Bagaria
Partner
Membership No. 060408

S M Krishnan
Vice President - Finance
& Company Secretary

Preetha Reddy
Executive Vice Chairperson

Place : Bengaluru
Date : August 7, 2021

Place : Chennai
Date : June 23, 2021

Suneeta Reddy
Managing Director

Consolidated Statement of Changes in Equity as on March 31, 2021

a. Equity share capital

Particulars	Amount
Balance at April 1, 2019	696
Changes in equity share capital during the year	-
Balance at March 31, 2020	696
Changes in equity share capital during the year :	
(a) Issue of equity shares under employee share option plan	-
(b) Issue of equity shares pursuant to Qualified Institutional Placement (QIP) (Refer note 20.3)	23
Balance at March 31, 2021	719

b. Other Equity

Particulars	General reserve	Securities Premium Reserve	Capital Reserves	Debenture Redemption Reserve	Other reserve #	Share Options Outstanding	Retained earnings	Items of Other Comprehensive Income (OCI): Equity instruments through OCI	Items of Other Comprehensive Income (OCI): Defined benefit obligation	Non Controlling Interest	Total
Balance at April 1, 2019	**11,250**	**17,139**	**30**	1,750	**(555)**	**28**	**3,704**	**(7)**	**(699)**	**1,355**	**33,994**
Adjustment on adoption of Ind AS 116 (Refer note 52)							(2,699)				(2,699)
Adjusted balance as at April 1, 2019	11,250	17,139	30	1,750	(555)	28	1,005	(7)	(699)	1,355	31,295
Profit for the year and Other comprehensive income for the year, net of income tax							4,549	(1)	(5)	(232)	4,311
Payment of dividends (Including dividend distribution tax of ₹264 Million)							(1,555)				(1,555)
Gross Obligation over written Put Option on Non-controlling Interest (Refer note 58)							(211)			211	-
Adjustments towards Non Controlling Interest							-			(14)	(14)
Transfer to Retained Earnings from Debenture Redemption Reserve				(500)			500				-
Share-based compensation expense						2				1	3
Movement on account of change in shareholding of existing subsidiaries							(25)			(14)	(39)
Balance at March 31, 2020	**11,250**	**17,139**	**30**	1,250	**(555)**	**30**	**4,263**	**(8)**	**(704)**	**1,307**	**34,001**
Profit for the year and Other comprehensive income for the year, net of income tax							1,504		163	(146)	1,521
Payment of dividends (including dividend distrbution tax of ₹Nil)							(383)				(383)
Issue of equity shares pursuant to Qualified Institutional Placement (QIP) (Refer note 20.3)		11,498									11,498
Gross Obligation over written Put Option on Non-Controlling Interest (Refer note 58)							(201)			201	-
Adjustments towards Non Controlling Interest							-			(3)	(3)
Transfer to Retained Earnings from Debenture Redemption Reserve				(750)			750			-	-
Share-based compensation expense						32				37	69
Movement on account of change in shareholding of existing subsidiaries							(2)			(1)	(4)
Acquisition of Subsidiary										603	603
Balance at March 31, 2021	**11,250**	**28,637**	**30**	500	**(555)**	**62**	**5,930**	**(8)**	**(541)**	**1,999**	**47,305**

Other reserves include Capital Redemption Reserve and Reserve arising on transition from previous GAAP to Ind AS which are not available for distribution.

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-10018

Vikas Bagaria
Partner
Membership No. 060408

Place : Bengaluru
Date : August 7, 2021

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : June 23, 2021

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 CASH FLOWS

Consolidated Financial Statements for the year ended March 31, 2021
(All amounts are in ₹Millions unless otherwise stated)

Particulars	For the year ended March 31, 2021	For the year ended March 31, 2020
Cash flow from Operating Activities		
Profit for the year	1,368	4,317
Adjustments for:		
Share of profit of associates		
Share of profit of joint ventures		
Depreciation and amortisation expense	5,731	6,197
Loss on Sale of Property Plant & Equipment	29	37
Profit on Sale of Investments (net)	45	(1,988)
Income tax expense	847	2,252
Finance costs	4,492	5,328
Interest income	(218)	(173)
Expected Credit Loss on trade receivables	1,310	752
Provision written back	116	(51)
Gain on fair valuation of existing interest in a joint venture pursuant to acquisition of control (Refer Note 64)	(250)	-
Net gain/(loss) arising on financial assets designated as at FVTPL	(86)	(32)
Impairment of Goodwill	-	-
Impact on loss of control of subsidiary (Refer Note 64)	(354)	-
Share-based compensation expense	32	3
Unrealised foreign exchange loss (net)	41	51
Operating Cash Flow before working capital changes	**13,102**	**16,693**
(Increase)/decrease in operating assets		
Inventories	(946)	(1,531)
Trade receivables	(5,653)	(845)
Other financial assets - Non current	(242)	(207)
Other financial assets - Current	2,642	(524)
Other non-current assets	(51)	353
Other current assets	(465)	(465)
Contract assets	350	72
	(4,364)	(3,147)
Increase/(decrease) in operating liabilities		
Trade payables	2,534	1,905
Other financial liabilities-Non current	1,794	299
Other financial liabilities-Current	(1,147)	(480)
Provisions	466	240
Other Non-Current Liabilities	-	(1)
Other Current Liabilities	(3)	480
	3,643	2,443
Cash generated from operations	12,382	15,990
Net income tax paid	**353**	**(3,061)**
Net cash generated from operating activities (A)	**12,734**	**12,929**
Cash flow from Investing Activities		
Purchase of Property Plant & Equipment	(2,955)	(5,130)
Proceeds from sale of Property Plant and Equipment	151	24
Investment in Bank Deposits	(2,061)	(253)
Acqusition of additional stake in Joint Venture (Refer Note 64)	(40)	-

Particulars	For the year ended March 31, 2021	For the year ended March 31, 2020
Purchase of Investments	(14,130)	(1,199)
Proceeds upon loss of control of subsidiary and divestment business pursuant to Scheme of Arrangement (Refer Note 64)	5,278	-
Proceeds from sale of current investments (mutual funds)	4,746	669
Proceeds from sale of investment in associate	-	2,826
Proceeds from current loan	18	10
Proceeds from Non-current loan	52	10
Interest received	218	154
Net cash used in Investing Activities (B)	**(8,723)**	**(2,888)**
Cash flow from Financing Activities		
Proceeds from issue of equity instruments(net of transaction costs)	11,520	-
Proceeds from Borrowings	4,768	7,518
Repayment of Borrowings	(13,753)	(8,089)
Finance costs (including interest on lease liability)	(4,676)	(5,645)
Acquisition of Non-Controlling Interest in a subsidiary	(4)	(39)
Dividend paid on equity shares (including Dividend Distribution tax)	(383)	(1,551)
Payment towards lease liability	(873)	(1,289)
Net cash used in Financing Activities (C)	**(3,401)**	**(9,095)**
Net Increase in cash and cash equivalents (A+B+C) = (D)	610	945
Cash and cash equivalents at the beginning of the year (E)	3,807	2,862
Less: Transferred pursuant to Scheme of Arrangement (Refer Note 64)	165	-
Cash and cash equivalents at the end of the year (D) +(E)	**4,252**	**3,807**

Cash and non cash changes in liabilities arising from financing activities

Particular	April 1, 2020	Impact of business combination (Refer Note 64)	Cash inflow / (Outflow)	Non-cash changes			March 31, 2021
				Addition to lease liabilities	Transferred pursuant to Scheme of Arrangement (Refer Note 64)	Foreign exchange movements	
Borrowings (inlcuding bank overdraft)	35,957	1,691	(8,985)	-	-	(67)	28,596
Lease Liabilities	20,250	-	(2,252)	2,563	(7,558)	-	13,003

Particular	April 1, 2019	Cash inflow / (Outflow)	Non-cash changes			March 31, 2020
			Ind AS 116 adoption	Addition to lease liabilities(net of deletions)	Foreign exchange movements	
Borrowings (inlcuding bank overdraft)	36,746	(571)	-	-	(219)	35,957
Lease Liabilities	-	(2,983)	19,132	4,102	-	20,250

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-10018

Vikas Bagaria
Partner
Membership No. 060408

Place : Bengaluru
Date : August 7, 2021

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : June 23, 2021

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
(All amounts are in ₹ million unless otherwise stated)

1 General Information

Apollo Hospitals Enterprise Limited ('the Group' or '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 Group 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 centers and pharmacies.

During the year, pursuant to the Scheme of Arrangement as described in Note 64, the front end portion of the Retail Pharmacy segment ('Divestment business') has been disposed to an associate company, Apollo Pharmacies Limited. The effective date for the Scheme of Arrangement is September 1, 2020. Retail Pharmacy segment as presented earlier in these consolidated financial statements includes transactions of the divestment business till the effective date. Post the disposal of divestment business, the Company has identified Pharmacy distribution as a new segment with effect from September 1, 2020.

Significant accounting policies

This note provides a list of the significant accounting policies adopted in the preparation of the Consolidated financial statements. These policies have been consistently applied to all the years presented unless otherwise stated.

2 Application of new and revised Ind ASs

The Group has applied all the Indian Accounting Standards (Ind AS) notified by the Ministry of Corporate Affairs (MCA).

Amendment to Ind AS 116 - Leases

The Ministry of Corporate Affairs (MCA) issued amendments to Ind AS 116, "Leases", which provide lessees with an exemption from assessing whether a COVID-19-related rent concession is a lease modification. The amendments provide practical relief to lessees in accounting for rent concessions occurring as a direct consequence of COVID-19, by introducing a practical expedient to Ind AS 116.

The Group has elected to apply this amendment and accounted for change in lease payments resulting from the COVID-19-related rent concession in the same way as it would account for the change applying Ind AS 116 if the change were not a lease modification.

Accordingly, the Group recognised ₹219 million as a credit to lease rental expenses (as negative variable lease payment) presented within Other Expenses / under other income in the Statement of Profit and Loss for the year ended March 31, 2021.

Amendments to Ind AS 1 and Ind AS 8 - Definition of "material

The Group has adopted the amendments to Ind AS 1 and Ind AS 8 for the first time in the current year. The amendments make the definition of material in Ind AS 1 easier to understand and are not intended to alter the underlying concept of materiality in Ind ASs. The concept of 'obscuring' material information with immaterial information has been included as part of the new definition.

The threshold for materiality influencing users has been changed from 'could influence' to 'could reasonably be expected to influence'. The definition of material in Ind AS 8 has been replaced by a reference to the definition of material in Ind AS 1. In addition, the MCA amended other Standards that contain the definition of 'material' or refer to the term 'material' to ensure consistency.

The adoption of the amendments has not had any material impact on the disclosures or on the amounts reported in these financial statements.

Amendments to Ind AS 103 - Definition of a business

The Group has adopted the amendments to Ind AS 103 for the first time in the current year. The amendments clarify that while businesses usually have outputs, outputs are not required for an integrated set of activities and assets to qualify as a business. To be considered a business, an acquired set of activities and assets must include, at a minimum, an input and a substantive process that together significantly contribute to the ability to create outputs.

The amendments remove the assessment of whether market participants are capable of replacing any missing inputs or processes and continuing to produce outputs. The amendments also introduce additional guidance that helps to determine whether a substantive process has been acquired.

The amendments introduce an optional concentration test that permits a simplified assessment of whether an acquired set of activities and assets is not a business. Under the optional concentration test, the acquired set of activities and assets is not a business if substantially all of the fair value of the gross assets acquired is concentrated in a single identifiable asset or group of similar assets. The amendments are applied prospectively to all business combinations and asset acquisitions for which the acquisition date is on or after 1 April 2020.

The adoption of these amendments does not have any material impact on these financial statements.

2.1 New Accounting Standard not yet adopted

Ministry of Corporate Affairs ("MCA") notifies new standard or amendments to the existing standards. There is no such notification which would have been applicable from April 1, 2021.

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 June 23, 2021.

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 categorized 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 Significant accounting policies are set out below.

3.3 Basis of consolidation

The consolidated financial statements incorporate the financial statements of the Group and its subsidiaries. Control is achieved when the Group:

- 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 Group 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 Group 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 Group considers all relevant facts and circumstances in assessing whether or not the Group's voting rights in an investee are sufficient to give it power, including:

- the size of the Group's holding of voting rights relative to the size and dispersion of holdings of the other vote holders;
- potential voting rights held by the Group, other vote holders or other parties;
- rights arising from other contractual arrangements; and
- any additional facts and circumstances that indicate that the Group 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 Group obtains control over the subsidiary and ceases when the Group 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 Group gains control until the date when the Group ceases to control the subsidiary.

Profit or loss and each component of other comprehensive income are attributed to the owners of the Group and to the non-controlling interests. Total comprehensive income of subsidiaries is attributed to the owners of the Group 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. Profits and losses on items of property, plant and equipment and inventory acquired from other group entities are also eliminated.

The following subsidiaries were consolidated as at March 31, 2021:

Name of the Subsidiary/Step down subsidiary Group	Country of Incorporation	% of holding	
		As at 31st March 2021	As at 31st March 2020
Apollo Home Healthcare (India) Limited	India	100.00%	100.00%
Apollo Home Healthcare Limited	India	70.75%	70.75%
AB Medical Centers Limited	India	100.00%	100.00%
Apollo Health and Lifestyle Limited	India	68.25%	70.25%
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	80.87%	80.87%
Apollo Rajshree Hospitals Private Limited	India	54.63%	54.63%
Apollo Lavasa Health Corporation Limited	India	51.00%	51.00%
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 Assam Hospitals Limited	India	65.85%	65.52%
Apollo Hospitals International Limited	India	50.00%	50.00%
Future Parking Private Limited	India	49.00%	49.00%
Apollo Medicals Private Limited#	India	-	100.00%
Medics International Lifesciences Limited*	India	51.00%	-

* Medics International Life Sciences has become an Subsidiary w.e.f January 7, 2021
# Apollo Medicals Private Ltd has become an associate w.e.f September 1, 2020

Step down subsidiaries			
Apollo CVHF Limited	India	66.67%	66.67%
Apollo Dialysis Private Limited	India	69.06%	59.30%
Alliance Dental Care Limited	India	69.09%	69.54%
Apollo Sugar Clinics Limited	India	80.00%	80.00%
Apollo Specialty Hospitals Private Limited	India	100.00%	100.00%
Apollo Bangalore Cradle Limited	India	100.00%	100.00%
Apollo Pharmacy Limited	India	100.00%	100.00%
Kshema Healthcare Private Limited	India	100.00%	100.00%
AHLL Diagnostics Limited	India	100.00%	100.00%
AHLL Risk Management Private Limited	India	100.00%	100.00%
Surya Fertility Centre Pvt Ltd	India	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 Group.

When the Group loses control of a subsidiary, a gain or loss is recognised in statement of profit and 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 and 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 Statement of profit and 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 Statement of statement of profit and 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 Statement of statement of profit and 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 3.5 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.

On disposal of the relevant cash-generating unit, the attributable amount of goodwill is included in the determination of the profit and 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 and impairment of goodwill is described in 3.18.1.

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 profit and 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 recognized 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-21	31-Mar-20
Indraprastha Medical Corporation Limited	India	22.03%	22.03%
Stemcyte India Therapeutics Private Limited	India	24.50%	24.50%
Family Health Plan Insurance TPA Limited	India	49.00%	49.00%
Apollo Medicals Private Limited (Refer Note 64)	India	25.50%	-
Apollo Amrish Oncology Services (P) Limited	India	50.00%	50.00%

Investments in Joint Ventures

Particulars	Place of Incorporation	% of holding	
		31-Mar-21	31-Mar-20
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%
Medics International Life sciences Limited (Refer Note 64)	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.

Revenue is recognised upon transfer of control of promised products or services to customers in an amount that reflects the consideration which the Group 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

The Healthcare services income include revenue generated from outpatients, which mainly consist of activities for physical examinations, treatments, surgeries and tests, as well as that generated from inpatients, which mainly consist of activities for clinical examinations and treatments, surgeries, and other fees such as room charges, and nursing care. The performance obligations for this stream of revenue also include food & beverage, accommodation, medical/clinical professional services, supply of equipment, pharmaceutical and related products.

The patient is obligated to pay for healthcare services at amounts estimated to be receivable based upon the Group's standard rates or at rates determined under reimbursement arrangements. The reimbursement arrangements are generally with third party administrators. The reimbursement is also made through national, international or local government programs with reimbursement rates established by statute or regulation or through a memorandum of understanding.

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 except for few specific services in the dialysis and oncology specialty where the performance obligation is satisfied over a period of time.

Revenue from healthcare patients, third party payors and other customers are billed at our standard rates but recognised net of disallowances, discounts or rebates to reflect the estimated amounts to be receivable from these payors.

Healthcare Services performed for patients where the collection of the billed amount or a portion of the billed amount cannot be determined at the time services are performed the Group concludes that the consideration is variable ("implicit price concession") and records the difference between the billed amount and the amount estimated to be collectible as a reduction to healthcare services revenue. Implicit price concessions include such items as amounts due from patients without adequate insurance coverage, patient co-payment and deductible amounts due from patients with healthcare coverage. The Group determines implicit price concessions primarily upon past collection history. Upon receipt of new information relevant for the determination of the implicit price concession, the Group constrains, or adjusts the constraints for the variable consideration of the transaction price.

3.8.2 Pharmaceutical, Fast Moving Consumer Goods (FMCG) and Private Label 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 & Brand License fee

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.

In respect of Brand License fee, i.e. the revenue arising from the Brand Licensing Agreements, the revenue is recognised at the point in time when the licensee completes the contractual performance obligation.

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

Revenue recognised by the Group where services are rendered to the customer and for which invoice has not been raised (which we refer as unbilled revenue) are classified as contract assets. Amount collected from the customer and services have not yet been rendered are classified as contract liabilities.

3.8.7 Transaction Price

Revenue is measured based on the transaction price, which is the fixed consideration adjusted for discounts, estimated disallowances, 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.

Subsequent changes resulting from a patient's ability to pay are recorded as bad debt expense, which is included as an expense in the consolidated statements of profit and loss.

Principal versus agent considerations

The Group is a principal and records revenue on a gross basis when the Group is primarily responsible for fulfilling the service, has discretion in establish pricing and controls the promised service before transferring that service to customers.

In limited instances, the patient services are provided by visiting consultants, who are doctors/medical experts and not considered as the Group's employees. As the visiting consultants have the discretion to take their patients to other hospital for the required treatment and set their own consultation fee charged to patients, the Group is an agent in such arrangement. The Group collects fees on behalf of the visiting consultants and records revenue at the net amounts as commissions.

Sometimes the Group engages third-party providers to provide medical examination and disease screening services. The Group evaluates the services provided by third parties to determine whether to recognize the revenues on a gross or net basis. The determination is based upon an assessment as to whether the Group acts as a principal or agent when providing the services. Some of the revenues involving third-party providers providing medical examination or disease screening services are accounted for on a net basis since the third-party providers are the primary obligor, have the latitude in establishing prices, and the customer has discretion in third-party provider selection.

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 Third Party Administrator (TPA)

Inpatient services rendered to TPA are paid according to a fee-for-service schedule. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient services generated through TPA are recorded on an accrual basis in the period in which services are provided at established rates.

The Group determines the transaction price on the TPA contracts based on established billing rates reduced by contractual adjustments provided to TPAs. Contractual adjustments and discounts are based on contractual agreements, discount policies and historical experience. Implicit price concessions are based on historical collection experience. Most of our TPA contracts contain variable consideration. However, it is unlikely a significant reversal of revenue will occur when the uncertainty is resolved, and therefore, the Group has included the variable consideration in the estimated transaction price.

3.8.10 Trade accounts and other receivables and allowance for doubtful accounts

Trade receivables from healthcare services are recognized and billed at amounts estimated to be collectable under government reimbursement programs, reimbursement arrangements with third party administrators and contractual arrangements with corporates including public sector undertakings. The billing on government reimbursement programs are at pre-determined net realizable rates per treatment that are established by statute or regulation. Revenues for non-governmental payors with which the Group has contracts are recognized at the prevailing contract rates. The remaining non-governmental payors are billed at the Group's standard rates for services and a contractual adjustment is recorded to recognize revenues based on historic reimbursement. The contractual adjustment and the allowance for doubtful accounts are reviewed quarterly for their adequacy. The collectability of receivables is reviewed on a regular basis.

Receivables where the expected credit losses are not assessed individually are grouped based on similar credit characteristics and the impairment is assessed based on historical default rates and macroeconomic indicators. Write offs are taken on a claim-by-claim basis. Due to the fact that a large portion of its reimbursement is provided by public healthcare organizations and private insurers, the Company expects that most of its accounts receivables will be collectible. A significant change in the Company's collection experience, deterioration in the aging of receivables and collection difficulties could require that the Company increases its estimate of the allowance for doubtful accounts. Any such additional bad debt charges could materially and adversely affect the Company's future operating results. When all efforts to collect a receivable have been exhausted, and after appropriate management review, a receivable deemed to be uncollectible is considered a bad debt and written off.

Other Income

3.8.11 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.

3.8.12 Rental income

The Group's policy for recognition of revenue from operating leases is described under note 3.9.1 below.

3.9 Leases

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

The Group enters into an arrangement for lease of land, buildings, plant and machinery including computer equipment and furnitures. Such arrangements are generally for a fixed period but may have extension or termination options. The Group assesses, whether the contract is, or contains, a lease, at its inception. A contract is, or contains, a lease if the contract conveys the right to –

(a) control the use of an identified asset,

(b) obtain substantially all the economic benefits from use of the identified asset, and

(c) direct the use of the identified asset.

The Group determines the lease term as the non-cancellable period of a lease, together with periods covered by an option to extend the lease, where the Company is reasonably certain to exercise that option.

The Group recognises a right-of-use asset and a corresponding lease liability with respect to all lease agreements in which it is the lessee, except for short-term leases (defined as leases with a lease term of 12 months or less) and leases of low value assets. For these leases, the Group recognises the lease payments as an operating expense on a straight-line basis over the term of the lease unless another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed. This expense is presented within 'other expenses' in statement of profit and loss.

Lease Liabilities:

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the Company uses its incremental borrowing rate.

Lease payments included in the measurement of the lease liability comprise:

i) fixed lease payments (including in-substance fixed payments), less any lease incentives;

ii) variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;

iii) the amount expected to be payable by the lessee under residual value guarantees;

iv) lease payments in optional renewal periods, where exercise of extension options is reasonably certain, and

v) payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The lease liability is presented as a separate line in the Balance Sheet under "Other Financial Liabilities". The lease liability is subsequently measured by increasing the carrying amount to reflect interest on the lease liability (using the effective interest method) and by reducing the carrying amount to reflect the lease payments made.

Lease liability payments are classified as cash used in financing activities in the Statement of cash flows.

Right-of-Use Assets:

The Group recognises right-of-use asset at the commencement date of the respective lease. Right-of-use asset are stated at cost less accumulated depreciation. Upon initial recognition, cost comprises of:

- the initial lease liability amount,
- initial direct costs incurred when entering into the lease,
- (lease) payments before commencement date of the respective lease, and
- an estimate of costs to dismantle and remove the underlying asset,
- less any lease incentives received.

Prepaid lease payments (including the difference between nominal amount of the deposit and the fair value) are also included in the initial carrying amount of the right of use asset.

They are subsequently measured at cost less accumulated depreciation and impairment losses. Right-of-use assets are depreciated on a straight line basis over the shorter period of lease term and useful life of the underlying asset. If a lease transfers ownership of the underlying asset or the cost of the Right-of-use asset reflects that the Group expects to exercise a purchase option, the related Right-of-use asset is depreciated over the useful life of the underlying asset. The depreciation starts at the commencement date of the lease.

The Right-of-use assets are presented as a separate line in the Balance Sheet.

The Group applies Ind AS 36 to determine whether a ROU asset is impaired and accounts for any identified impairment loss as described in the impairment of non-financial assets below.

The Group incurs obligation for costs to dismantle and remove a leased asset, restore the site on which it is located or restore the underlying asset to the condition required by the terms and conditions of the lease. The Group has assessed that such restoration costs are negligible and hence no provision under Ind-AS 37 has been recognised.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and the Right-of-use asset. The related payments are recognised as an expense in the period in which the event or condition that triggers those payments occurs and are included in the line "other expenses" in the statement of profit and loss.

Lease policy applicable before April 1, 2019

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.

3.10 Foreign currencies

Exchange differences on monetary items are recognised in the statement of profit and 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 statement of profit and loss 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 the statement of profit and 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 attached to them and that the grants will be received.

Government grants are recognised in the statement of profit and 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 statement of profit and 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 statement of profit and 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 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 categorized 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 Group'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

Leave Encashment

The employees of the Company are entitled to encash the unutilized leave. The employees can carry forward a portion of the unutilized accumulating leave and utilize it in future periods or receive cash as per the Companies policy upon accumulation of minimum number of days. The Company records an obligation for leave encashment in the period in which the employee renders the services that increases this entitlement. The Company measures the expected cost of leave encashment as the additional amount that the Company expects to pay as a result of the unused entitlement that has accumulated at the end of the reporting period. The Company recognizes accumulated leave entitlements based on actuarial valuation using the projected unit credit method. Non-accumulating leave balances are recognized in the period in which the leaves occur.

Other short term employee benefits

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 and 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 and 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 recognised for taxable temporary differences. Deferred tax assets are recognised for deductible temporary differences to the extent that it is probable that taxable profits will be available against which those deductible temporary differences can be utilized. 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 statement of profit and 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)	Over the lease term
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 derecognized 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 and 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. Intangible assets with finite useful lives are evaluated for impairment when events have occurred that may give rise to an impairment.

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, these assets are reported at cost less accumulated amortisation and accumulated impairment losses.

3.17.3 Internally Generated Intangibles

Research costs are expensed as incurred. Software product development costs are expensed as incurred unless technical and commercial feasibility of the project is demonstrated, future economic benefits are probable, the Group has an intention and ability to complete and use the software and the costs can be measured reliably. The costs which can be capitalized include the cost of material, direct labour, overhead costs that are directly attributable to preparing the asset for its intended use.

The Group capitalizes certain development costs incurred in connection with its internal use software. These capitalized costs are related to the development of its software platform that is hosted by the Group and used by the customers. The Group capitalizes all direct and incremental costs incurred during the development phase, until such time when the software is substantially complete and ready for use.

The Group also capitalizes costs related to specific upgrades and enhancements when it is probable that the future economic benefits from such upgrades and enhancements will flow to the Group.

3.17.4 Derecognition of intangible assets

An intangible asset is derecognized 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 derecognized.

3.17.5 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
Internally Generated Intangible Assets - Digital Platform	5 years

3.17.6 Review of useful life and method of depreciation

Estimated useful lives are periodically reviewed, and when warranted, changes are made to them. The effect of such change in estimates are accounted for prospectively.

3.17.7 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

Commencement of Depreciation related to property, plant and equipment classified as Capital work in progress (CWIP)involves determining when the assets are available for their intended use. The criteria the Group uses to determine whether CWIP are available for their intended use involves subjective judgments and assumptions about the conditions necessary for the assets to be capable of operating in the intended manner.

3.18 Impairment of tangible and intangible assets other than goodwill

The carrying values of property plant and equipment and intangible assets with finite life are reviewed for possible impairment whenever events, circumstances or operating results indicate that the carrying amount of an asset may not be recoverable. 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.

If at the reporting date, there is an indication that a previously assessed impairment loss no longer exists, the recoverable amount is reassessed and the impairment losses previously recognized are reversed such that the asset is recognized at its recoverable amount but not exceeding written down value which would have been reported if the impairment losses had not been recognized initially.

An impairment in respect of goodwill is not reversed.

3.18.1 Impairment of Goodwill and intangibles with indefinite useful lives

Goodwill and identifiable intangibles with indefinite useful lives are not amortized but tested for impairment annually or when an event becomes known that could trigger an impairment.

To perform the annual impairment test of goodwill, the Company identified its groups of cash generating units (CGUs) and determined their carrying value by assigning the assets and liabilities, including the existing goodwill and intangible assets, to those CGUs. CGUs reflect the lowest level on which goodwill is monitored for internal management purposes.

For the purpose of goodwill impairment testing, all corporate assets and liabilities are allocated to the CGUs. At least once a year, the Group compares the recoverable amount of each CGU to the CGU's carrying amount.

To evaluate the recoverability of intangible assets with indefinite useful lives, the Group compares the fair values of intangible assets with their carrying values.

3.19 Inventories

Inventories of medical consumables, drugs and stores & spares are valued at lower of cost or net realizable value. Net Realizable Value represents the estimated selling price in the ordinary course of business less estimated costs necessary to make the sale.

Cost is determined as follows:

a. 'Medicines' under healthcare segment are valued on First in First Out (FIFO) basis.
b. 'Stock in Trade' under Retail Pharmacy segment which include Pharmaceutical, FMCG and PL products are valued on weighted average basis till August 31, 2020.
c. Stock in Trade' under Pharmacy Distribution segment which include Pharmaceutical, FMCG and PL products are valued on weighted average basis with effect from September 1, 2020.
d. Stores and spares' are valued on First in First Out (FIFO) basis.
e. 'Other consumables' are valued on First in First Out (FIFO) basis.

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 and 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 the consolidated statement of profit and loss.

3.21.1 Financial assets

The Company classifies its financial instruments in accordance with Ind AS 109 in the following measurement categories: at amortized cost, at fair value through profit and loss ("FVPL") and at fair value through other comprehensive income ("FVOCI").

Financial assets are classified depending on the business model in which the financial assets are held and the contractual terms of the cash flows. Financial assets are only reclassified when the business model for managing those assets changes. During the reporting period no financial instruments were reclassified. Purchases and sales of financial assets are accounted for on the trading day. The Company does not make use of the fair value option, which allows financial liabilities to be classified at FVPL upon initial recognition. At initial recognition financial asset and financial liabilities are measured at fair value.

Excluded are trade accounts receivables. At initial recognition trade accounts receivables (in accordance with Ind AS 115) are measured at their transaction price and subsequently measured at carrying value as of initial recognition less impairment allowance (if any)

Investments in equity instruments are recognized and subsequently measured at fair value. The Company's equity investments are not held for trading. In general, changes in the fair value of equity investments are recognized in the income statement. However, at initial recognition the Company elected, on an instrument-by-instrument basis, to represent subsequent changes in the fair value of individual strategic equity investments in other comprehensive income (loss) ("OCI").

The Group's investment in debt securities with the objective to achieve both collecting contractual cash flows and selling the financial assets, and initially measured at fair value. Some of these securities give rise on specified dates to cash flows that are solely payments of principle and interest. These securities are subsequently measured at FVOCI. Other securities are measured at FVPL.

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 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 and loss and is included in the "Other income" line item.

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 statement of profit and 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 and 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 Impairment of financial assets

The Group applies the expected credit loss model for recognizing 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.

The expected credit loss approach requires that all impacted financial assets will carry a loss allowance based on their expected credit losses. Expected credit losses are a probability-weighted estimate of credit losses over the contractual life of the financial assets.

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 measures the loss allowance at an amount equal to lifetime expected credit losses.

The impairment provisions for trade receivables is based on reasonable and supportable information including historic loss rates, present developments such as liquidity issues and information about future economic conditions, to ensure foreseeable changes in the customer-specific or macroeconomic environment are considered.

3.21.3 Derecognition of financial assets

The Group derecognizes 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 collateralized borrowing for the proceeds received.

3.21.4 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 statement of profit and 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 Profit 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 statement of profit and 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. In general, financial liabilities are classified and subsequently measured at amortized cost, with the exception of contingent considerations resulting from a business combination, noncontrolling interests subject to put provisions as well as derivative financial liabilities.

3.22.4 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.

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 and loss are recognised in profit and loss.

3.22.5 Financial liabilities subsequently measured at amortised cost

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 derecognizes financial liabilities when, and only when, the Group's obligations are discharged, cancelled or have expired. An exchange between 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 derecognized and the consideration paid and payable is recognised in profit and 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.

The change in fair value of derivatives is recorded in the statement of profit and loss.

Derivatives embedded in host contracts are accounted for as separate derivatives if their economic characteristics and risks are not closely related to those of the host contracts. These embedded derivatives are measured at fair value with changes in fair value recognized in the statement of profit and loss.

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 derecognized with a corresponding adjustment to equity.

3.24 Segment reporting

In accordance with Ind AS 108, Segment Reporting, the Group's chief operating decision maker ("CODM") has been identified as the Board of Directors. The Group's CODM evaluates segment performance based on revenues and profit by the hospital, Retail Pharmacy (till August 31, 2020, Pharmacy Distribution (with effect from September 1, 2020), Clinics and Others segments.

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.

3.25.1 Discontinued operations

A discontinued operation is a 'component' of the Company's business that represents a separate line of business that has been disposed of or is held for sale, or is a subsidiary acquired exclusively with a view to resale. Classification as a discontinued operation occurs upon the earlier of disposal or when the operation meets the criteria to be classified as held for sale.

The Company considers the guidance in Ind AS 105 Non-Current assets held for sale and discontinued operations to assess whether a divestment asset would qualify the definition of 'component' prior to classification into discontinued operation.

3.26 Dividend

A final dividend, including tax thereon, on equity shares is recorded as a liability on the date of approval by the shareholders. An interim dividend, including tax thereon, is recorded as a liability on the date of declaration by the board of directors.

3.27 Contingent liabilities

Contingent liability is a possible obligation arising from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity or a present obligation that arises from past events but is not recognized because it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligation or the amount of the obligation cannot be measured with sufficient reliability.

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.

4 Critical accounting judgements and key sources of estimation uncertainty

Use of estimates

The preparation of consolidated financial statements in conformity with Ind AS requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosures of contingent assets and liabilities at the balance sheet dates and the reported amounts of revenues and expenses during the reporting periods. Significant estimates and assumptions reflected in the Company's financial statements include, but are not limited to, expected credit loss, impairment of goodwill, useful lives of property, plant and equipment and leases, realization of deferred tax assets, unrecognized tax benefits, incremental borrowing rate of right-of-use assets and related lease obligation, the valuation of the Group's acquired equity investments. Actual results could materially differ from those estimates.

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 is determined using a discounted cash flow approach based upon the cash flow expected to be generated by the CGU. In case that the value in use of the CGU is less than its carrying amount, the difference is at first recorded as an impairment of the carrying amount of the goodwill.

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 Group uses judgements in making certain assumptions and selecting inputs to determine impairment of these trade receivables, based on on reasonable and supportable information including historic loss rates, present developments such as liquidity issues and information about future economic conditions, to ensure foreseeable changes in the customer-specific or macroeconomic environment are considered.

4.1.3 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 Group 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.

4.1.4 Employee Benefits - Defined benefit obligations

The cost of the defined benefit plans are based on actuarial valuation using the projected unit credit method. An actuarial valuation involves making various assumptions that may differ from actual developments in the future. These include the determination of the discount rate, future salary increases, attrition and mortality rates. Due to the complexities involved in the valuation and its long-term nature, a defined benefit obligation is highly sensitive to changes in these assumptions. All assumptions are reviewed at each reporting date.

4.1.5 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.

4.1.6 Revenue Recognition

The Group's contracts with customers could include promises to render multiple services to a customer. The Group 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.

4.1.7 Useful lives of property plant and equipment

The Group depreciates property, plant and equipment on a straight-line basis over estimated useful lives of the assets. The charge in respect of periodic depreciation is derived based on an estimate of an asset's expected useful life and the expected residual value at the end of its life. The lives are based on historical experience with similar assets as well as anticipation of future events, which may impact their life, such as changes in technology. The estimated useful life is reviewed at least annually.

4.1.8 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.

In respect of internally generated intangible assets, management has defined the criteria for capitalisation based on the version released for each feature to be deployed on the digital platform. The point in time at which the version release contain all the essential features as defined by the management and qualifies to be a Minimum Viable Product (MVP), the feature is considered eligible for capitalisation.

4.1.9 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.

4.1.10 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.

4.1.11 Leases

Ind AS 116 defines a lease term as the non-cancellable period for which the lessee has the Right-to- use an underlying asset including optional periods, when an entity is reasonably certain to exercise an option to extend (or not to terminate) a lease. The Group considers all relevant facts and circumstances that create an economic incentive for the lessee to exercise the option when determining the lease term. The option to extend the lease term is included in the lease term, if it is reasonably certain that the lessee would exercise the option. The Group reassesses the option when significant events or changes in circumstances occur that are within the control of the lessee.

4.1.12 Uncertainty relating to the global health pandemic on COVID-19

The Management has considered the possible effects if any that may result from the pandemic relating to COVID-19 on recoverability of receivables, Property, plant & equipment including Capital work in progress and certain investments (including goodwill). The Group has considered internal and external information up to the date of approval of these financial statements. Based on the current indicators of future economic conditions, the Group expects to recover the carrying amount of these assets. The actual outcome of these assumptions and estimates may vary in future due to the impact of the pandemic. The Group will continue to monitor any material changes to future economic conditions and the consequent impact on its business, if any, and any significant impact of these changes would be recognized in the financial results as and when these material changes to economic conditions arise.

5 Property, Plant and Equipment and Capital Work-in-progress

Particulars	As at March 31, 2021	As at March 31, 2020
Carrying amounts of:		
Land	5,234	4,704
Buildings (Freehold)	18,711	17,630
Buildings (Leasehold)	7,526	7,522
Plant and Machinery	3,991	4,285
Medical Equipment	15,503	15,615
Furniture and Fixtures	1,354	3,023
Office Equipments	405	430
Computers	332	335
Vehicles	450	500
Total	53,505	54,044
5.1		
Capital Work-in-progress (Refer Note v)	2,116	2,091
Total	55,621	56,135

Gross Block

Particulars	Land (Refer note iv)	Buildings (Freehold)	Buildings (Leasehold)	Plant and Machinery@	Medical Equipment*	Furniture and Fixtures	Office equipments	Computers#	Vehicles	Total
Balance as at April 1, 2019	4,704	18,497	5,379	7,402	17,490	4,615	1,113	1,391	763	61,353
Additions	-	796	4,409	589	5,518	623	185	165	271	12,556
Disposals	-	-	-	(45)	(243)	(46)	(23)	(30)	(6)	(393)
Impact on adoption of Ind AS 116 (Refer note 52)	-	-	(395)	-67	-	(129)	-	-	-	(590)
Balance at March 31, 2020	4,704	19,293	9,393	7,879	22,765	5,064	1,275	1,525	1,028	72,926
Additions	-	202	300	260	1,140	186	136	231	60	2,515
Disposals	-	(1)	(63)	(20)	(187)	(20)	(13)	(19)	(39)	(362)
Impact on acquisition of Medics (Refer Note 64)	530	1,436	-	256	950	87	21	33	12	3,324
Transferred Pursuant to the Scheme of Arrangement (Refer note 64)	-	-	-	(357)	-	(2,460)	(85)	(277)	(37)	(3,217)
Balance at March 31, 2021	5,234	20,929	9,630	8,018	24,667	2,857	1,334	1,494	1,023	75,186

Accumulated depreciation & amortisation

Particulars	Land (Refer note iv)	Buildings (Freehold)	Buildings (Leasehold)	Plant and Machinery@	Medical Equipment*	Furniture and Fixtures	Office equipments	Computers#	Vehicles	Total
Balance as at April 1, 2019	-	1,296	1,524	3,133	5,606	1,627	721	1,051	457	15,415
Disposals	-	-	-	(35)	(218)	(27)	(20)	(28)	(5)	(332)
Depreciation expense	-	366	397	540	1,761	463	144	168	75	3,915
Impact on adoption of Ind AS 116 (Refer note 52)	-	-	-49	(44)	-	(23)	-	-	-	(117)
Balance at March 31, 2020	-	1,662	1,872	3,594	7,150	2,041	844	1,191	527	18,881
Depreciation expense	-	506	295	542	2,006	352	135	151	89	4,077
Disposals	-	-	(63)	(14)	(162)	(15)	(11)	(14)	(30)	(309)
Impact on acquisition of Medics (Refer Note 64)	-	49	-	35	170	19	8	19	3	304
Transferred Pursuant to the Scheme of Arrangement (Refer note 64)	-	-	-	(131)	-	(894)	(48)	(184)	(16)	(1,273)
Balance at March 31, 2021	-	2,218	2,104	4,026	9,165	1,502	929	1,162	574	21,681
Carrying amount as on March 31, 2020	4,704	17,630	7,522	4,285	15,615	3,023	430	335	500	54,044
Carrying amount as on March 31, 2021	5,234	18,711	7,526	3,991	15,503	1,354	405	332	450	53,505

@ Includes electrical installation and generators

* Includes surgical equipments

Includes Servers

Notes:

i) Refer Note 22.1 for information on Property, Plant & Equipment pledged as security by the Company for securing financing facilities from banks and financial institutions.

(ii) Refer Note 53 for the contractual capital commitments for purchase of Property, plant & equipment.

(iii) Refer note 35 for details of interest capitalised during the year under Capital Work in Progress.

(iv) Land and Building of ₹190 million and ₹803 million for the year ended March 31, 2021 and of ₹190 million and ₹813 million for the year ended March 31, 2020 relate to one of the subsidiary company Imperial Hospitals and Research Center Limited (IHRCL) which is under dispute with Government of Karnataka alleging non-compliance of certain conditions associated with the allotment of land, which has been stayed by the High court of Karnataka on April 27, 2018. Based on legal opinion, the management is of the opinion that it has complied with applicable conditions and therefore the proceedings are not sustainable.

During the financial year 2018 - 19, Karnataka Industrial Area Development Board (KIADB) has acquired portion of land and building (1000 Sq. m) belonging to IHRCL for the purpose of metro rail project for a consideration of ₹58 million agreed between KIADB & IHRCL. These proceeds have been deposited in the City Civil Court considering the aforementioned stay order and yet to be received by IHRCL as on March 31, 2021.

(v) Capital work in progress includes ₹47 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 31,2021

Notes to the Standalone financial statements as at and for the year ended March 31, 2021

(All amounts are in ₹ million unless otherwise stated)

6. Right-of-Use Asset

Particulars	Land	Buildings	Plant and Machinery	Medical Equipment	Total
Right-of-use asset recognised on adoption of IND AS 116 as at April 1, 2019	2,176	20,054	-	67	22,297
Additions	-	2,514	17	-	2,531
Disposals/ Deletions	-	(361)	-	-	(361)
Balance at March 31, 2020	2,176	22,207	17	67	24,467
Additions	-	1,550	-	84	1,635
Disposals/ Deletions	-	(481)	-	(67)	(549)
Transferred Pursuant to the Scheme of Arrangement (Refer note 64)	-	(10,317)	-	-	(10,317)
Balance at March 31, 2021	2,176	12,959	17	84	15,236

Accumulated depreciation & amortisation

Particulars	Land	Buildings	Plant and Machinery	Medical Equipment	Total
Accumulated depreciation on Right-of-Use assets recognised on adoption of IND AS 116 as at April 1, 2019	28	6,144	-	44	6,216
Disposals/ Deletions	-	(245)	-	-	(245)
Depreciation expense	40	1,968	2	11	2,021
Balance at March 31, 2020	67	7,867	2	56	7,993
Disposals/ Deletions	-	(288)	-	(56)	(344)
Depreciation expense	40	1,368	3	13	1,424
Transferred Pursuant to the Scheme of Arrangement (Refer note 64)	-	(3,672)	-	-	(3,672)
Balance at March 31, 2021	107	5,274	6	13	5,400
Carrying amount as on March 31, 2020	2,108	14,340	15	12	16,474
Carrying amount as on March 31, 2021	2,069	7,685	11	71	9,836

7. Investment Property

Particulars	As at March 31, 2021	As at March 31, 2020
Carrying amounts of:		
Building (Multi-level Car Park)	53	59
Total	53	59
Particulars		
Balance as at April 1, 2019		84
Additions		-
Disposals		-
Balance as at March 31, 2020		84
Additions		-
Disposals		-
Balance as at March 31, 2021		84

Particulars	As at March 31, 2021	As at March 31, 2020
Accumulated depreciation and impairment		
Balance at beginning of year		19
Amortisation expense		6
Disposals		-
Balance as at March 31, 2020		25
Amortisation expense		6
Disposals		
Adjustment/Reclassification		
Balance as at March 31, 2021		31
Carrying amount as on March 31, 2020		59
Carrying amount as on March 31, 2021		53

The land associated to this investment property (building - Multi-level Car Park) is granted to the Group by virtue of a concessionaire agreement 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 investment Property

The fair value of the investment property as at March 31, 2021 is ₹275 Million on the basis of valuation carried out by independent valuers. The guideline value as pronounced by the government has been considered as a basis for fair valuation.

8. Goodwill

Particulars	As at March 31, 2021	As at March 31, 2020
Opening Balance	3,462	3,462
Acquisition (Refer Note 1 and 1A below)	398	-
De-recognised pursuant to Scheme of Arrangement (Refer Note 2 below)	(107)	-
Total	3,753	3,462

Note 1 : Summary of Acquisitions/Business Combinations during the year ended March 31, 2021 is summarised as below:

a) The Group has completed the acquisition of additional 1% stake in Medics International Lifesciences Limited ("Medics") for a cash consideration of ₹40 million on January 7, 2021 ('acquisition date). Consequently, Medics, a joint venture company became a subsidiary of the Group with effect from the said date. The acquisition date fair value of the existing equity interest in Medics compared to its carrying amount resulted in a gain of ₹250 million, which has been included under exceptional items in the Statement of Profit & Loss. Further goodwill of ₹372 million arising on this acquisition has also been recognised in the consolidated financial statements.

Remeasurement of fair value of existing equity interest in Medics

Particulars	Amount ₹
Carrying value value of equity interest held by the Group immediately before the acquisition date	726
Acquisition date fair value of equity interest held by the Group immediately before the acquisition date	976
Gain on remeasurement recognised in Statement of Profit & Loss and presented under exceptional item	250

The following table presents the Purchase Price Allocation performed by an independent valuer appointed by the Group for the purpose of recording this business combination in the consolidated financial statements:

Description	Purchase Price allocated ₹
Net Assets	1,247
Goodwill	372
Total Purchase price	1,618

Net Assets acquired include land, buildings, medical equipment, cash & bank, borrowings from banks, trade payables and deferred tax balances.

The details of revenue and profit loss of Medics is summarised below:

Amount ₹

Particulars	Revenue	Profit before tax
Included in the Consolidated Statement of Profit & Loss of the group	500	17
For the current reporting period as though the acquisition date for this business combinations that occurred during the year had been as of the beginning of the annual reporting period.	1,924	57

Note 1A : Acquisition of Surya Fertility Centre Private Limited by Subsidiary Company, AHLL

During the year, the step down subsidiary company of the Group has completed the acquisition of Surya Fertility Centre Private Limited' (individually not material) which has resulted in a goodwill of ₹23 million.

Note 2: De-recognised purusant to Scheme of Arrangement:

During the year and pursuant to the Scheme of Arrangement as described in Note 64, the front end portion of this Retail Pharmacy segment ('Divestment business') has been disposed to an associate company, Apollo Pharmacies Limited. Consequently, the value attributable to the portion of CGU disposed to the tune of ₹107 million has been de-recognised and included in the carrying amount of the divestment business for the purpose of computation of gain/loss on disposal.

The effective date for the Scheme of Arrangement is September 1, 2020. Retail Pharmacy segment as presented earlier in these consolidated financial statements includes transactions of the divestment business till the effective date. Post the disposal of divestment business, the Group has identified Pharmacy distribution as a new segment with effect from September 1, 2020. The balance amount of goodwill after de-recognition of portion attributable to divestment business is now allocated to Pharmacy Distribution CGU as presented in the table below. Refer Note 41 for Segment Information.

(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:

Particulars	As at March 31, 2021	As at March 31, 2020
Retail Pharmacy	-	948
Pharmacy Distribution	841	-
Healthcare	2,436	2,062
Clinics	408	384
Others	68	68
Total	3,753	3,462

(ii) **Key assumptions used for value-in-use calculations**

Goodwill is tested for impairment atleast annually in accordance with the Company's procedure for determining the recoverable value of each CGU.

For the purpose of testing of impairment, the carrying amount of goodwill is allocated to a Cash Generating Unit (CGU) representing the lowest level at which the goodwill is monitored for internal management purposes and is not higher than the Group's operating segments.

The recoverable amount of the CGUs have been assessed based on its value-in-use. Value-in-use is determined by discounting the future cash flows to be generated from the continuing use of the CGU. Key assumptions on which the Group has based its determinations of value-in-use include:

Key Assumptions	Pharmacy Distribution	Healthcare	Clinics
Discount Rate	14.50%	12%	16%
Long term Growth Rate (used for determining Terminal Value)	2.00%	3.5% - 5%	5%

a. These calculations use cash flow projections over a period of five years based on internal management budgets and estimates.

b. Terminal value is arrived by using fifth year's forecasted cash flows to perpetuity using a constant long-term growth rate. This long-term growth rate takes into consideration external macroeconomic sources of data

c. The discount rates used are based on the Company's weighted average cost of capital of a comparable market participants, which is adjusted for specific risks.

Based on the assessment, the management has concluded that there is no impairment of goodwill in respect of the CGU's. 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.

The Group has performed sensitivity analysis for all key assumptions, including the cash flow projections consequent to the change in estimated future economic conditions arising from the possible effects due to COVID-19 and is unlikely to cause the carrying amount of the CGU exceed its estimated recoverable amount.

9. Other Intangible assets

Particulars	As at March 31, 2021	As at March 31, 2020
Carrying amounts of:		
Software Licence	265	282
Trademark	-	-
Non Compete Fee	-	-
Internally Generated Intangible Assets - Digital Platform	371	-
Total	636	282

Gross Block

Particulars	Software License	Trademark	Non Compete Fee	Internally Generated Intangible Assets - Digital Platform	Total
Balance as at April 1, 2019	1,045	66	68		1,180
Additions	188				188
Disposals					-

Particulars	Software License	Trademark	Non Compete Fee	Internally Generated Intangible Assets - Digital Platform	Total
Adjustment/Reclassification					-
Balance at March 31, 2020	1,233	66	68	-	1,367
Additions	179			395	574
Disposals					-
Impact on acquistion of Medics (Refer Note 8)	8				8
Balance at March 31, 2021	1,420	66	68	395	1,950

Accumulated Amortisation and impairment

Particulars	Software License	Trademark	Non Compete Fee	Internally Generated Intangible Assets - Digital Platform	Total
Balance as at April 1, 2019	699	66	64		829
Amortisation expense	253		4		257
Disposals					-
Adjustment/Reclassification					-
Balance at March 31, 2020	951	66	68		1,086
Amortisation expense	200			25	224
Disposals					-
Impact on acquistion of Medics (Refer Note 8)	4				4
Balance at March 31, 2021	1,155	66	68	25	1,314
Carrying amount as on March 31, 2020	282	-	-	-	282
Carrying amount as on March 31, 2021	265	-	-	371	636

10. Investment in Equity Accounted Investee

Name of the Body Corporate	Associate/ Joint Venture	Quoted / Unquoted	As at March 31, 2021		As at March 31, 2020	
			Quantity	Amount	Quantity	Amount
Carrying amount determined using equity method of accounting:						
Indraprastha Medical Corporation Limited	Associate	Quoted	20,190,740	760	20,190,740	749
Stemcyte India Therapeutics Private Limited	Associate	Unquoted	240,196	-	240,196	50
Apollo Medicals Private Limited	Associate	Unquoted	36,592,499	225	-	-
Family Health Plan Limited	Associate	Unquoted	490,000	848	490,000	449
Apollo Gleneagles Hospitals Limited	Joint Venture	Unquoted	54,675,697	1,159	54,675,697	1,210
Apollo Gleneagles PET-CT Private Limited	Joint Venture	Unquoted	8,500,000	38	8,500,000	43
ApoKos Rehab Private Limited	Joint Venture	Unquoted	8,475,000	51	8,475,000	59
Medics International Life sciences Limited	Joint Venture	Unquoted	-	-	55,000,000	680
Total				3,082		3,242
Aggregate book value of quoted investments				760		749
Aggregate market value of quoted investments				1,084		685
Aggregate carrying value of unquoted investments				2,322		2,493

10.1 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 March 31, 2021	As at March 31, 2020
Indraprastha Medical Corporation Limited	Healthcare and services	India	22.03%	22.03%
Stemcyte India Therapeutics Private Limited	Healthcare and services	India	24.50%	24.50%
Apollo Medicals Private Limited	Retail Pharmacy	India	25.50%	100.00%
Family Health Plan Limited	Health Insurance	India	49.00%	49.00%

10.2 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.

10.2.1 Indraprastha Medical Corporation Limited (IMCL)

Particulars	As at March 31, 2021	As at March 31, 2020
Non-current assets	2,905	3,075
Current assets	1,414	1,415
Non-current liabilities	(433)	(416)
Current liabilities	(1,159)	(1,396)
Impact on adoption of IND AS 116	(1)	(1)
Net Assets	2,726	2,678
Ownership held by the Group	22.03%	22.03%
Group's Share of Net Assets	601	590
Add: Goodwill on acquistion	160	160
Add: Others	(1)	(1)
Less:Dividend received eliminated on consolidation	-	(30)
Carrying amount of Group's interest in IMCL	760	719

10.2.2 Family Health Plan Insurance TPA Limited (FHPTL)

Particulars	For the year ended March 31, 2021	For the year ended March 31, 2020
Non-current assets	1,407	909
Current assets	983	631
Non-current liabilities	(428)	(350)
Current liabilities	(201)	(245)
Net Assets	1,761	946
Ownership held by the Group	49%	49%
Group's Share of Net Assets	863	463
Capital reserve	(15)	(15)
Carrying amount of Group's interest in FHPTL	848	449

Particulars	For the year ended March 31, 2021	For the year ended March 31, 2020
Revenue	1,473	1,380
Profit from continuing operations (after tax)	280	126
Other comprehensive income for the year	535	(7)
Total comprehensive income for the year	816	118
Proportion of the Group's ownership interest in Total Comprehensive Income	400	58

10.2.3 Apollo Medicals Private Limited (AMPL)

Particulars	As at March 31, 2021
Non-current assets	11,272
Current assets	10,103
Non-current liabilities	(10,138)
Current liabilities	(9,747)
Net Assets	1,491
Ownership held by the Group	26%
Group's Share of Net Assets	380
Capital reserve	(81)
Less: Unrealised profit eliminated on Consolidation	(75)
Carrying amount of Group's interest in AMPL	225

Particulars	For the year ended March 31, 2021
Revenue	56,085
Profit from continuing operations (after tax)	170
Other comprehensive income for the year	(74)
Total comprehensive income for the year	96
Proportion of the Group's ownership interest in Total Comprehensive Income	25

During the year, pursuant to the Scheme of Arrangement and the Shareholders Agreement between the Parent and other domestic investors, resulted in decrease in the equity holding from 100% to 25.5%, resulting in loss of control . Net gain associated with the loss of control of ₹354 million has been included under Exceptional items. Considering the equity interest of 25.50% and the board representation in AMPL, the investment in AMPL has been classified as associate company of the Group with effect from September 1, 2020. (Refer note 64).

10.3 Investments in joint ventures

10.3.1 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 March 31, 2021	As at March 31, 2020
Apollo Gleneagles Hospitals Limited	healthcare and services	India	50%	50%
Apollo Gleneagles PET CT Private Limited	healthcare and services	India	50%	50%
ApoKos Rehab Private Limited	healthcare and services	India	50%	50%

Name	Principal Activity	Place of Incorporation and Principal place of Business	Proportion of ownership interest / voting rights held by the Group	
			As at March 31, 2021	As at March 31, 2020
Medics International Life sciences Limited (Refer Note 8)	healthcare and services	India	100%	50%

10.3.2 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.

10.3.3 Apollo Gleneagles Limited (AGHL)

Particulars	As at March 31, 2021	As at March 31, 2020
Non-current assets	3,552	3,590
Current assets	2,129	1,876
Non-current liabilities	(428)	(591)
Current liabilities	(3,058)	(2,576)
Impact on adoption of IND AS 116	32	32
Net Assets	2,227	2,330
Ownership held by the Group	50%	50%
Group's Share of Net Assets	1,114	1,165
Add: Goodwill on acquistion	45	45
Carrying amount of group's interest in AGHL	1,159	1,210

Particulars	For the year ended March 31, 2021	For the year ended March 31, 2020
Revenue	5,687	7,162
Profit/(Loss) from continuing operations (after tax)	(104)	115
Other comprehensive income for the year	1	(9)
Total comprehensive income for the year	(103)	105
Proportion of the Group's ownership interest in Total Comprehensive Income	(52)	53

10.3.4 Apollo Gleneagles PET-CT Private Limited

Particulars	For the year ended March 31, 2021	For the year ended March 31, 2020
Non-current assets	134	146
Current assets	31	35
Non-current liabilities	(46)	(56)
Current liabilities	(44)	(40)
Net Assets	74.87	84.88
Ownership held by the Group	50%	50%
Group's Share of Net Assets	37	42
Add: Goodwill on acquistion	1	1
Carrying amount of group's interest in AGHL	38	43

10.3.4 Apollo Gleneagles PET-CT Private Limited

Particulars	For the year ended March 31, 2021	For the year ended March 31, 2020
Revenue	108	134
Profit/(Loss) from continuing operations (after tax)	(10)	2
Other comprehensive income for the year	-	-
Total comprehensive income for the year	(10)	3
Proportion of the Group's ownership interest in Total Comprehensive Income	(5)	1

10.3.5 ApoKos Rehab Private Limited (ApoKos)

Particulars	As at March 31, 2021	As at March 31, 2020
Non-current assets	76	87
Current assets	81	107
Non-current liabilities	(3)	(2)
Current liabilities	(52)	(75)
Net Assets	103	117
Ownership held by the Group	50%	50%
Group's Share of Net Assets	51	59
Carrying amount of Group's interest in ApoKos Rehab Private Limited	51	59

Particulars	For the year ended March 31, 2021	For the year ended March 31, 2020
Revenue	91	135
Profit/(Loss) from continuing operations (after tax)	(7)	(15)
Other comprehensive income for the year	0	0
Total comprehensive income for the year	(7)	(15)
Proportion of the Group's ownership interest in Total Comprehensive Income	(4)	(7)

10.3.6 Medics International Life Sciences Limited (Refer note 64)

Particulars	As at March 31, 2021	As at March 31, 2020
Non-current assets		2,926
Current assets		189
Non-current liabilities		-1,562
Current liabilities		-637
Net Assets	-	915
Ownership held by the Group	100%	50%
Group's Share of Net Assets	-	458
Goodwill		223
Carrying amount of Group's interest in Medics International Life Sciences Limited	-	680

Particulars	For the year ended March 31, 2021	For the year ended March 31, 2020
Revenue		1,151
Profit/(Loss) from continuing operations (after tax)		(243)
Other comprehensive income for the year		(4)
Total comprehensive income for the year		(247)
Proportion of the Group's ownership interest in Total Comprehensive Income		(124)

10.4 The Group's share of commitment and contingent liabilities in respect of its associates and joint venture is disclosed as part of Note 53 and Note 54.

11. Other Investments

Particulars	As at March 31, 2021		As at March 31, 2020	
	Non Current	Current	Non Current	Current
Investment carried at Fair Value through Profit and Loss*				
Mutual Funds (Liquid and short term funds)	-	9,978		749
Other Investments	285	-	269	-
Investments in equity instruments at FVTOCI*				
Investment in Equity instruments	2	-	2	-
Investments carried at amortised cost				
Investment in debentures	80	-	80	-
Total	367	9,978	350	749
*Refer note 51 for information and disclosure in respect of fair value measurements				
Aggregate amount of unquoted investments	367	9,978	350	749

11.1 Investment carried at Fair Value through Profit and Loss

Name of the Entity	Quoted/ Unquoted	Partly paid/ Fully paid	Amount March 31,2021	Amount March 31,2020
Investments in mutual funds (Liquid and short term funds)				
SBI Magnum Ultra Short Duration Fund	Unquoted	Fully paid		151
ICICI Prudential STP - Growth	Unquoted	Fully paid		63
Aditya Birla Sun Life Short Term Fund	Unquoted	Fully paid		60
SBI STD Fund - Reg plan Growth	Unquoted	Fully paid		59
ICICI Equity Arbitrage Fund	Unquoted	Fully paid		58
SBI Liquid Fund	Unquoted	Fully paid		50
Canara Robeco Short Term Fund	Unquoted	Fully paid		43
Kotak Floater Short Term	Unquoted	Fully paid		40
IDFC All Seasons Bond Fund	Unquoted	Fully paid		26
Kotak Bond Short Term	Unquoted	Fully paid		26
HDFC Short Term Oppurtunities Fund	Unquoted	Fully paid		24
Axis Short Term Fund	Unquoted	Fully paid		24
ICICI Short Term Plan Growth	Unquoted	Fully paid		24
Kotak Equity Arbitrage Fund	Unquoted	Fully paid		23
IDFC Arbitrage Fund Growth	Unquoted	Fully paid		23
HDFC Debt Fund for Cancer Cure 2014	Unquoted	Fully paid		20
SBI Liquid Fund Regular Growth	Unquoted	Fully paid		10

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
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Name of the Entity	Quoted/ Unquoted	Partly paid/ Fully paid	Amount March 31,2021	Amount March 31,2020
Birla SunLife	Unquoted	Fully paid		9
Kotak Flexi Debt	Unquoted	Fully paid	7	7
UTI Floating rate fund	Unquoted	Fully paid	5	5
Relaince Income Fund	Unquoted	Fully paid	2	2
Reliance Short Term Fund - Growth	Unquoted	Fully paid	-	1
Tata Liquid Fund Direct Plan- Growth	Unquoted	Fully paid	1,011	
Axis Ultra Short Term Fund-Regular Growth	Unquoted	Fully paid	1,506	
Axis Liquid Fund- Direct Growth	Unquoted	Fully paid	509	
Nippon India Money Market Fund- Growth Plan Growth Option	Unquoted	Fully paid	1,507	
SBI Liquid Funds- Regular Growth	Unquoted	Fully paid	1,508	
ICICI Prudential Liquid Fund - Growth	Unquoted	Fully paid	1,508	
HDFC Liquid Fund-Regular Plan-Growth	Unquoted	Fully paid	2,011	
Invesco India Liquid Fund- Direct Plan Growth	Unquoted	Fully paid	1	
HDFC Liquid Fund	Unquoted	Fully paid	80	
ICICI Prudential Mutual Fund	Unquoted	Fully paid	80	-
IDFC Cash Fund	Unquoted	Fully paid	80	-
Kotak Liquid Fund	Unquoted	Fully paid	80	-
SBI Liquid Fund	Unquoted	Fully paid	80	-
Total			9,978	749

11.2 Investments carried at Fair value through Profit and loss

Name of the Entity	Face value	Quoted/ Unquoted	Partly paid/ Fully paid	March 31,2021		March 31,2020	
				Quantity	Amount	Quantity	Amount
HealthXCapital, L.P.	10	Unquoted	Fully Paid		131	-	148
Immuneel Therapeutics Private Limited	10	Unquoted	Fully Paid	5,000,000	50	5,000,000	50
Mothersense Technologies Private Limited (compulsory convertible preference shares)	10	Unquoted	Fully Paid	93	20	-	-
Impact Guru Technology Venture Private Limited	10	Unquoted	Fully Paid	-	25	-	25
Clover energy Private Limited	10	Unquoted	Fully Paid	2,102,935	21	1,642,935	16
Tirunelveli Vayu Energy Generation Private Limited	1000	Unquoted	Fully Paid	36	14	36	14
Searchlight Health Private Limited	10	Unquoted	Fully Paid	581,109	5	581,109	5
Citron ECO power private limited	10	Unquoted	Fully Paid	443,850	4	232,850	2
Kurnool Hospitals Enterprise Limited	10	Unquoted	Fully Paid	157,500	2	157,500	2
The Karur Vysya Bank Ltd	10	Unquoted	Fully Paid	82,203	5	82,203	2
Connect Wind India Private Limited	10	Unquoted	Fully Paid	1,599,375	2	1,599,375	2
Leap Green Energy Private Limited	10	Unquoted	Fully Paid	97,600	1	97,600	1
Cholamandalam Finance	10	Unquoted	Fully Paid	5,000	3	5,000	1
VMA Wind Energy India Private Limited	10	Unquoted	Fully Paid	60,000	1	60,000	1
Matrix Agro Private Limited	10	Unquoted	Fully Paid	50,000	1	50,000	1
Morgan securities & credit private limited	10	Unquoted	Fully Paid	5,000	-*	5,000	-
National Savings Certificate - Unquoted		Unquoted	Fully Paid	-	-	-	-

Name of the Entity	Face value	Quoted/ Unquoted	Partly paid/ Fully paid	March 31,2021		March 31,2020	
				Quantity	Amount	Quantity	Amount
CWRE Power Private Limited	10	Unquoted	Fully Paid	1,625	-	1,625	-
Iris Ecopower Venture Private Limited	10	Unquoted	Fully Paid	150,100	2	100	-
Indo wind power Private Limited	10	Unquoted	Fully Paid	10,650	-	10,650	-
Total					285		269

11.3 Investments carried at Amortised Cost

Name of the Entity	Face value	Quoted/ Unquoted	Partly paid/ Fully paid	March 31,2021		March 31,2020	
				Quantity	Amount	Quantity	Amount
Apollo Munich Health Insurance Company Limited (Redeemable non convertible debentures)	10,00,000	Unquoted	Fully Paid	80	80	80	80
Total					80		80

11.4 Investments in equity instruments at FVTOCI

Investment in equity instruments

Name of the Entity	Face value	Quoted/ Unquoted	Partly paid/ Fully paid	March 31,2021		March 31,2020	
				Quantity	Amount	Quantity	Amount
Searchlight Health Private Limited	10	Unquoted	Fully Paid	201,000	2	201,000	2
Sunrise Medicare Private Limited	10	Unquoted	Fully Paid	78	-	78	-
Total				201,078	2	201,078	2

12. Loans - Non Current

Particulars	As at March 31, 2021		As at March 31, 2020	
(Unsecured, considered good unless otherwise stated)	Non Current	Current	Non Current	Current
Carried at amortised cost				
Loans to Related parties	179		231	-
Loans to others		53		70
Total	179	53	231	70

Particulars of related parties, rate of interest and repayment terms have been summarised below::

Particulars	March 31,2021	March 31,2020	Interest rate	Terms of repayment
Lifetime Wellness Rx International Limited	122	148	10%	Repayable in five equated installments by September 30, 2024
Apollo Shine Foundation	5	6	10%	Repayable in three equated installments by March 31, 2022
Apollo Medskills Limited	52	77	10%	Repayable in three equated installments by March 31, 2022
Total	179	231		

13. Trade Receivables

Particulars	As at March 31, 2021 Current	As at March 31, 2020 Current
Unsecured		
(a) Considered good	14,434	10,940
Less: Expected Credit Loss on above	(1,123)	(668)
(b) Considered doubtful	560	525
Less: Expected Credit Loss on above	(560)	(525)
Total	13,311	10,272

Note : Gross receivable of ₹116 million as on January 7, 2021 has been consolidated upon acquisition of controlling stake in joint venture Company. (Refer Note 64).

Trade receivables represent the amount outstanding on sale of pharmaceutical products, hospital and other healthcare allied services which are considered as good by the management.In addition the group has also considered credit reports and other credit information for its customers to estimate the probability of default in future and has taken into account estimates of possible effect from the pandemic relating to COVID -19. The Group believes that the carrying amount of allowance for expected credit loss with respect to trade receivables is adequate. 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.

Average credit Period

The average credit period on sales of services is 30-60 days.

Customer Concentration

No single customer represents 10% or more of the group's total revenue during the year ended March 31, 2021 and March 31, 2020. Therefore the customer concentration risk is limited due to the large and unrelated customer base in respect of customers under Healthcare, Retail Pharmacy and clinics segments . In respect of Pharmacy Distribution segment, the total sales are made to Apollo Pharmacies Limited, an associate company.

Impairment Methodology

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 considering reasonable and supportable information that is available without undue cost or effort as at the reporting date. 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.

13.1 Movement in the expected credit loss allowance

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of the year	1,193	1,436
Add: Movement during the year, net*	573	(243)
Transferred pursuant to the Scheme of Arrangement (Refer Note 64)	(84)	
	1,683	1,193

* Includes ₹1,310 million (previous year ₹752 million) of provision created and ₹737 million (previous year ₹995 million) written off against the provision available. Further, ₹8 million of expected credit loss allowance as on January 7, 2021 has been consolidated upon acquisition of controlling stake in joint venture Company. (Refer Note 64).

Refer note 60.1 for information on amounts receivable from related parties

Refer note 22.1 for the receivables provided as security against borrowings

14. Other Financial Assets

Particulars	As at March 31, 2021		As at March 31, 2020	
	Non Current	Current	Non Current	Current
(a) Operating lease receivables	-	17		183
(b) Other Receivables (Refer Note (i) below)	-	429	2	674
(c) Advances to employees	-	35	-	95
(d) Fair value of derivative financial instruments	-	-	67	-
(e) Interest Receivable	-	66	-	66
(f) Security Deposits (Refer Note (ii) below)	1,436	56	2,263	-
(g) Finance lease receivables (Refer 14.1 & 14.2 below)	5	-	5	-
Total	1,441	603	2,337	1,018

Note (i) : Refer note 60.1 in respect of advances extended to related parties.

Note (ii) : ₹1,017 million is transferred pursuant to Scheme of Arrangement (Refer note 64)

Note (iii) : ₹25 million of "Other receivables" as on January 7, 2021 has been consolidated upon acquisition of controlling stake in joint venture Company. (Refer Note 64)

14.1 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.

14.2 Amounts receivable under finance leases

Particulars	Minimum lease payments		Present value of minimum lease payments	
	As at March 31, 2021	As at March 31, 2020	As at March 31, 2021	As at March 31, 2020
Not later than one year	0.54	0.54	-	-
Later than one year and not later than five years	2	2	-	-
Later than five years	46	47	5	5
Less: unearned finance income	44	42	-	-
Present value of minimum lease payments receivable	5	5	5	5
Allowance for uncollectible lease payments				

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, 2020: 12% per annum).

15. Inventories

Particulars	As at March 31, 2021	As at March 31, 2020
Inventories (lower of cost and net realisable value)		
(a) Medicines	600	677
(b) Stores and Spares	341	473
(c) Lab Materials	31	40
(d) Other Consumables	133	154
(e) Stock in Trade (in respect of goods acquired for trading)		
- Pharmaceutical products (including surgical and generics)	291	3,602
- FMCG products	492	1,808
- Private label and other categories	607	623
Total	2,495	7,378

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(All amounts are in ₹ million unless otherwise stated)

During the year, amount of ₹5,904 million has been transferred pursuant to Scheme of Arrangement and ₹69 million has been consolidated on account of acquisition of Medics. (Refer Note 64)

16. Cash and Cash Equivalents

Particulars	As at March 31, 2021	As at March 31, 2020
(a) Balances with Banks (Including deposits with original maturity upto 3 months)		
(i) In Current Accounts	3,753	3,306
(ii) In Fixed Deposits	386	281
(b) Cash on hand	113	215
(c) Cheques on Hand	-	5
Total	4,252	3,807

Note : During the year, amount of ₹165 million has been transferred pursuant to Scheme of Arrangement. (Refer note 64)

17 Bank Balances other than Above

Particulars	As at March 31, 2021	As at March 31, 2020
Balances with Bank in earmared accounts		
(a) Unclaimed Dividend Accounts	33	38
(b) Term deposits held as Margin money	1,904	650
(b) Deposits account	1,054	173
Total	2,992	861

18. Other Assets

Particulars	As at March 31, 2021		As at March 31, 2020	
	Non Current	Current	Non Current	Current
(a) Capital Advances	290	-	478	-
(b) Advance to suppliers	4	781	5	801
(c) Prepaid Expenses	89	685	100	571
(d) Balances with Statutory Authorities (Refer Note (i)	212	1	185	1
(e) Others	12	250	2	278
Total	607	1,717	770	1,651

Note (i) : Refer note 54 for amounts deposited with the statutory authorities in respect of disputed dues.

Note (ii) : ₹17 million in respect of prepaid expenses and advances to suppliers as on January 7, 2021 has been consolidated upon acquisition of controlling stake in joint venture Company. (Refer Note 64)

19. Equity Share Capital

Particulars	As at March 31, 2021	As at March 31, 2020
Equity share capital		
Authorised Share capital :		
200,000,000(2019-20 : 200,000,000) Equity Shares of ₹5/- each	1,000	1,000
1,000,000(2019-20 : 1,000,000) Preference Shares of ₹100/- each	100	100

Particulars	As at March 31, 2021	As at March 31, 2020
Issued		
144,317,675 (2019-20: 139,658,177) Equity shares of ₹5/- each	722	698
Subscribed and Paid up capital comprises:		
143,784,657 fully paid equity shares of ₹5 each (as at March 31, 2020: 139,125,159)	719	696
Total	719	696

19.1 Fully paid equity shares

Particulars	Number of shares	Share capital Amount
Balance at April 1, 2020	139,125,159	696
Movement during the year 2020-21	46,59,498	23
Balance at March 31, 2021	143,784,657	719

19.2 Rights, Preferences and restrictions attached to equity shares

The Company has equity shares having a nominal value of ₹5 each. 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.

Pursuant to the approval accorded by the members through Postal Ballot to raise equity proceeds upto a sum of ₹15,000 million, the Company completed a Qualified Institutional Equity (QIP) placement in January 2021, allotting an additional 46,59,498 equity shares at a price of ₹2,511 per share (face value ₹5/- each) aggregating to a sum of ₹11,700 Million. Consequently, paid share capital increased by ₹23 million.

19.3 Pursuant to the approval accorded by the members through Postal Ballot to raise equity proceeds up to a sum of ₹15,000 million, the Company completed a Qualified Institutional Equity (QIP) placement in January 2021, allotting an additional 4,659,498 equity shares at a price of ₹2,511 per share (face value ₹5/- each) aggregating to a sum of ₹11,700 Million. Consequently, paid-up share capital increased by ₹23 million.

19.4 Details of shares held by each shareholder holding more than 5% shares

Particulars	As at March 31, 2021		As at March 31, 2020	
(Unsecured, considered good unless otherwise stated)	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	18.93	27,223,124	19.57
Life Insurance Corporation of India	-	-	-	-

19.5 The Board of Directors of the Company at its meeting held on February 12, 2021 had resolved to terminate the GDR program. The notice of termination of GDR program was sent to all holders of GDR on 25th February 2021 by Bank of New York Mellon, Custodian of GDR informing that the GDR facility would be terminated with effect from March 26, 2021. The holders can surrender their GDRs to Bank of New York Mellon, for delivery of underlying equity shares up to the period of March 31, 2022, subsequent to which Bank of New York Mellon, Custodian may attempt to the sell the underlying shares and distribute the net proceeds to the respective GDR Holders. As on March 31, 2021, the total outstanding GDRs was 126,646 representing 0.09% of the paid up share capital of the Company.

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
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20. Other Equity

Particulars	Note	As at March 31, 2021	As at March 31, 2020
General reserve	20.1	11,250	11,250
Securities premium reserve	20.2	28,637	17,139
Capital Reserves	20.3	30	30
Retained earnings	20.4	5,930	4,263
Capital redemption reserve	20.5	60	60
Debenture redemption reserve	20.6	500	1,250
Revaluation Reserve	20.7	78	78
Shares Options Outstanding Account	20.8	63	30
Remeasurement of defined benefit obligation through other comprehensive income	20.9	(540)	(703)
Fair value changes on equity instruments through other comprehensive income	20.10	(8)	(8)
IND AS Transition reserve	20.11	(693)	(693)
Balance at the end of the year		45,305	32,695

20.1 General reserve

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	11,250	11,250
Transfer from Profit and Loss	-	-
Balance at the end of the year	11,250	11,250

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 and loss.

20.2 Securities premium

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	17,139	17,139
Premium arising on issue of equity shares	11,677	
Less: Transaction costs	(181)	-
Balance at the end of the year	28,637	17,139

Securities premium is used to record premium received on issue of shares. The reserve is utilized in accordance with the provisions of the Indian Companies Act, 2013 (the "Companies Act"). Pursuant to the approval accorded by the members through Postal Ballot to raise equity proceeds up to a sum of ₹15,000 million, the Company completed a Qualified Institutional Equity (QIP) placement in January 2021, allotting an additional 4,659,498 equity shares at a price of ₹2,511 per share (face value ₹5/- each) aggregating to a sum of ₹11,700 Million. Consequently, securities premium increased by ₹11,677 million. Eligible and directly attributable transaction costs have been adjusted against the securities premium generated upon issuance of shares.

20.3 Capital Reserves

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	30	30
Movement	-	-
Balance at the end of the year	30	30

20.4 Retained earnings

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	4,263	3,704
Gross obligation over written put option	(201)	(211)
Profit attributable to owners of the Company	1,504	4,549
Impact of Ind AS 116 attributable to Owners (refer note 52)	-	(2,699)
Movement on account of change in shareholding of existing subsidiaries	(2)	(25)
Adjustment towards Non-controlling interest		-
Transferred from Debenture Redemption Reserve	750	500
Dividends paid (including dividend distribution tax)	(383)	(1,555)
Balance at the end of the year	5,930	4,263

In respect of the year ended March 31, 2021, the company declared and paid an interim dividend of ₹2.75 per share on fully paid equity shares. For the previous year, Final dividend of ₹6 per share and Interim dividend of ₹3.25 per share was paid.

20.5 Capital Redemption reserve

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	60	60
Movement during the year	-	-
Balance at the end the of year	60	60

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.

20.6 Debenture Redemption reserve

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	1,250	1,750
Transferred to Retained Earnings	(750)	(500)
Balance at the end the of year	500	1,250

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.

20.7 Revaluation Reserve

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	78	78
Movement during the year	-	-
Balance at the end the of year	78	78

20.8 Share Options Outstanding Account

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	30	28
Movement during the year	33	2
Balance at the end the of year	63	30

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.

20.9 Remeasurement of Defined Benefit Obligations through other comprehensive income

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	(703)	(699)
Movement during the year	163	(5)
Balance at the end the of year	(540)	(703)

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.

20.10 Fair value changes on equity instruments through other comprehensive income

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	(8)	(7)
Movement during the year		(1)
Balance at the end the of year	(8)	(8)

20.11 IND AS Transition Reserve

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	(693)	(693)
		-
Balance at the end the of year	(693)	(693)

21 Non-Controlling Interests

Particulars	As at March 31, 2021	As at March 31, 2020
Balance at beginning of year	1,307	1,355
Loss attributable to Non controlling Interest (NCI)	(136)	(231)
Other comprehensive Income	(10)	(0)
Movement on account of share based compensation	37	1

Particulars	As at March 31, 2021	As at March 31, 2020
Acquisition of controlling stake in Joint Venture (Refer Note 64)	603	
Movement on account of change in shareholding of existing subsidiaries	(1)	(14)
Impact of Ind AS 116 attributable to NCI	-	(10)
Gross obligation over written put option	201	211
Others	(3)	(5)
Balance at end of year	1,999	1,307

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	
Particulars	March 31, 2021	March 31, 2020	March 31, 2021	March 31, 2020	March 31, 2021	March 31, 2020
Imperial Hospital and Research Centre Limited	10.00%	10.00%	8	21	128	120
Apollo Health & Lifestyle Limited	31.75%	29.75%	(209)	(225)	63	42
Apollo Rajshree Hospital Private Limited	45.37%	45.37%	38	11	58	19
Apollo Lavasa Health Corporation Limited	49.00%	49.00%	(10)	(20)	206	217
Sapien Biosciences Private Limited	30.00%	30.00%	1	3	(5)	(6)
Apollo Home healthcare Limited	10.00%	10.00%	2	(4)	(50)	(51)
Assam Hospitals Limited	34.15%	34.48%	28	17	454	429
Apollo Hospitals International Limited	50.00%	50.00%	3	(36)	535	533
Future Parking Private Limited	51.00%	51.00%	-	-	-	-
Apollo Nellore Hospital Limited	19.13%	19.13%	1	1	5	4
Medics International Lifesciences Ltd	49.00%		2	-	603	-
Total			(136)	(231)	1,999	1,307

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 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 concluded that the group exercises control on FPPL.

Note (iii): In respect of the subsidiary company Imperial Hospital and Research Centre Limited (IHRCL), the Company has paid ₹35 million for transfer of the balance 10% in favor of the Company. Pending approvals from the requisite statutory authorities, the transfer of shares has not been executed as at March 31, 2021.

Notes to the Standalone financial statements as at and for the year ended March 31, 2021

(All amounts are in ₹ million unless otherwise stated)

22 Borrowings

Particulars	As at March 31, 2021		As at March 31, 2020	
	Number of Shares held	% holding of equity shares	Number of Shares held	% holding of equity shares
Secured - at amortised cost				
(a) Redeemable non-convertible debentures			5,000	
(b) Term loans				
- from banks and other financial institutions	24,708	6	23,520	61
(c) Bank Overdrafts including working capital facilities		71		3,045
(d) Finance lease obligations (Refer note iii)				-
Unsecured - at amortised cost				
(a) Term loans				
-from banks and other financial institutions				980
-from other parties		97		97
(b) Bank Overdrafts including working capital facilities		15		86
(c) Bonds/Debentures	27	22	-	6
(d) Bills Payable		0		701
Total	**24,734**	**212**	**28,520**	**4,975**

(i) There is no breach of loan covenants as at March 31,2021 and March 31,2020

(ii) The secured listed non-convertible debentures of the Group aggregating to ₹2,000 million as on March 31, 2021 are secured by way of first mortgage/charge on the Group's properties. The asset cover on the secured listed non-convertible debentures of the Group exceeds hundred percent of the principal amount of the said debentures.

(iii) ₹1,765 million of long term and short term borrowings as on January 7, 2021 has been consolidated upon acquisition of controlling stake in joint venture company. (Refer Note 64)

22.1 Summary of Borrowing arrangements

(a) Redeemable Non-Convertible Debentures

Particulars	Principal Outstanding as at March 31, 2021	Principal Outstanding as at March 31, 2020	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 21	Rate of Interest 31 Mar 20
8.7% Non Convertible Debentures	-	3,000	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	0.00%	8.70%
7.8% Non Convertible Debentures	2,000	2,000	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%
(b) Secured and Unsecured borrowing facilities from banks and others						
Particulars	Principal Outstanding as at March 31, 2021	Principal Outstanding as at March 31, 2020	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 21	Rate of Interest 31 Mar 20
HDFC Bank Limited	3,320	3,500	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.	7.25%	8.15%

Particulars	Principal Outstanding as at March 31, 2021	Principal Outstanding as at March 31, 2020	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 21	Rate of Interest 31 Mar 20
Axis Bank Limited	2,625	2,775	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	7.50%	8.10%
HDFC Bank Limited	-	600	The Company availed a term loan from HDFC Bank Ltd for a sanctioned limit of ₹750 million which is repayable by FY 2021-2022	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.	0.00%	8.10%
HDFC Bank Limited	3,440	-	The Company availed a term loan from HDFC Bank Ltd for a sanctioned limit of ₹3500 million which is repayable by FY 2030-2031	The loan is secured by first pari passu charge on fixed assets i.e. both movable and immovable assets of the company (Excluding specific assets charged to other Lender(s) on exclusive basis).	6.50%	0.00%
Bank of India	-	2,313	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.		8.10%
HSBC Term Loan -I	1,475	1,675	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.	6.00%	7.95%-8.05%

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Particulars	Principal Outstanding as at March 31, 2021	Principal Outstanding as at March 31, 2020	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 21	Rate of Interest 31 Mar 20
HSBC Term Loan -II	1,379	350	The Company has availed Rupee Term Loan of ₹1378.75 out of sanctioned amount of ₹1500 Million from HSBC Bank Limited repayable in 28 quarterly installments commencing from June 2020	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.	6.00%	0.075
NIIF Infrastructure Finance Limited	1,000	1,000	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.	7.50%	9.60%
ICICI Bank Limited	989	2,386	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.	7.25%	9.05%
State Bank of India	6,585	6,829	The balance outstanding is repayable in quarterly instalments till 2032-2033	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.	6.7% - 7.05%	8%-8.10%
Axis bank Working Capital		650	The Company has been sanctioned working capital facility of ₹1500 million from Axis bank.	Secured by hypothecation of stock and book debts of the Company		7.20%
Axis Bank Limited-Short term facilities		980	The Company has been sanctioned a short term facility from Axis bank of ₹1500 million			7.20%
HSBC- Working capital facilities		63	The Company has been sanctioned ₹750 Million overdraft facility by HSBC which is repayable on various dates			8.05%
Fixed Deposits secured from public	1	2	Represents the unclaimed fixed deposits outstanding as on March 31, 2021	-	8.75% to 9.25%	8.75% to 9.25%

Particulars	Principal Outstanding as at March 31, 2021	Principal Outstanding as at March 31, 2020	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 21	Rate of Interest 31 Mar 20
Bank of Tokyo – Mitsubishi UFJ (External Commercial Borrowings)		601	The loan is repayable in 3 annual instalments starting from the year September 2018.	-		9.20%
Citi Bank - Bill Discounting		701	The Company has been sanctioned bill discounting facility from Citi Bank for a maximum outstanding of ₹1000 million.	-		7%
HDFC Bank Limited		1,900	The Company has been sanctioned Working Capital Demand Loan facility	Secured by hypothecation of stock and book debts of the Company		0.072
HSBC Bills payable	0	-	The Company had availed a buyer's line of credit from HDFC for the import of medical equipments which was repayable on various dates in FY 2021 -22			
HDFC - CC A/c		276	The Company has availed a cash credit facility from HDFC Bank which is repayable on various dates in FY 2020 -21 which has been fully repaid as of March 31, 2021	Secured by hypothecation of stock and book debts of the Company		7.50%
MUFG Bank Ltd.		-	The Company had availed a loan of ₹1000 million each on March 22, 2019 and March 27, 2019 which was repaid in FY 2019 - 20			
HDFC Bank Ltd.	-	23	The Company had availed a overdraft facility of ₹100 million in March, 2019 and utilised in FY20			10.00%
ICICI Bank Ltd.	15		The Company had availed a overdraft facility of ₹100 million in March, 2019 and utilised in FY20			
Axis Bank	146	222	The loan is repayable 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%	3 Month MCLR+1.25%
Lavasa Corporation Limited	97	97	Apollo Lavasa Health Corpoation Limited, a subsidiary company of the Group has secured Inter Corporate Deposit from Lavasa Corporation Limited amounting to ₹97.23 million which is repayable on demand.		12.00%	12.00%

Particulars	Principal Outstanding as at March 31, 2021	Principal Outstanding as at March 31, 2020	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 21	Rate of Interest 31 Mar 20
Axis Bank	39	-	Apollo Hospital International Limited, a subsidiary company of the Group, has availed term loan of INR 39.37 million is repayable in four quarterly instalments of INR 8.29 mio each and one last installment of INR 6.21 mio, commencing from 01st July, 2021.	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 1.50 times the value of the outstanding considering movable & immovable asset	7.65%	10.20%
Axis Bank	48	-	Apollo Hospital International Limited, a subsidiary company of the Group, has availed term loan of INR 47.56 million is repayable in total 26 quarterly instalments of out of which there are 10 installments each of INR 1.26 till 24th July, 2023; 8 installments each of INR 1.89 mio starting from 24th Oct'2023 to 24th July, 2025; 7 installments of INR 2.52 mio starting from 24th Oct, 2025 to 24th July, 2027 and the last installment of INR 2.11 mio on 24th July, 2027	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 1.50 times the value of the outstanding considering movable & immovable asset	7.65%	10.20%
Yes Bank	-	228	Apollo Hospital International Limited, a subsidiary company of the Group, has availed term loans of ₹310 million and ₹100 million which are repayable in thirty six quarterly instalments, commencing from March 26, 2013 and July 24, 2017 respectively.	The loans are secured by first pari passu charge on all present and future movable and immovable fixed assets of the subsidiary 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).		10.20%
HDFC Bank	39		Apollo Hospital International Limited, a subsidiary company of the Group, has availed term loan of INR 39.37 million is repayable in four quarterly instalments of INR 8.29 mio each and one last installment of INR 6.21 mio, commencing from 01st July, 2021.	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 1.50 times the value of the outstanding considering movable & immovable asset	8.25%	

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Particulars	Principal Outstanding as at March 31, 2021	Principal Outstanding as at March 31, 2020	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 21	Rate of Interest 31 Mar 20
HDFC Bank	48		Apollo Hospital International Limited, a subsidiary company of the Group, has availed term loan of INR 47.56 million is repayable in total 26 quarterly instalments of out of which there are 10 installments each of INR 1.26 till 24th July, 2023; 8 installments each of INR 1.89 mio starting from 24th Oct'2023 to 24th July, 2025; 7 installments of INR 2.52 mio starting from 24th Oct, 2025 to 24th July, 2027 and the last installment of INR 2.11 mio on 24th July, 2027	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 1.50 times the value of the outstanding considering movable & immovable asset	8.25%	
HDFC Bank	26	72	Apollo Hospital International Limited, a subsidiary company of the Group, has availed term loan of ₹409 million from HDFC Bank Limited, which are repayable in 28 quarterly instalments, commencing from March 2, 2015.	The loans are secured by first pari passu charge on all present and future movable and immovable fixed assets of the subsidiary company along with minimum cover of 1.75 times the value of the outstanding considering movable & immovable assets.	9.65%	9.65%
Yes Bank	210	200	Apollo Hospital International Limited, a subsidiary company of the Group, has availed term loan of ₹161 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 subsidiary 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 .	9.80%	9.80%
Yes Bank	24	130	Apollo Hospital International Limited, a subsidiary company of the Group, has availed a overdraft facility Yes Bank which has to be compulsarily repaid at the end of 12 months.	-	9.40%	9.40%

Particulars	Principal Outstanding as at March 31, 2021	Principal Outstanding as at March 31, 2020	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 21	Rate of Interest 31 Mar 20
Cumulative Redeemable Preference Shares	47	42	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	198	189	Apollo Health & Lifestyle Limited, a subsidiary company of the Group, has availed a term loan which is repayable in 28 structured quarterly instalments after a moratorium period of 36 months from the date of disbursement.	Secured by first pari-passu charge on movable fixed assets and current assets of the Company.	Yearly MCLR plus 0.15% p.a	Yearly MCLR plus 0.15% p.a
Federal Bank	349	354	Apollo Health & Lifestyle Limited, a subsidiary company of the Group, has availed a term loan which is repayable in 28 structured quarterly instalments from the date of first disbursement.	Secured by First Pari-passu charge on movable fixed assets, current assets	Yearly MCLR plus 0.30% p.a	Yearly MCLR plus 0.30% p.a
Optionally Convertible Debentures	22	6	Apollo Health & Lifestyle Limited, a subsidiary company of the Group, has issued zero% Optionally Convertible Debentures for ₹9,550,000 on March 29, 2016 to key employees and directors. These OCD's are convertible into equity shares at the option of the holder and repayable on after 5 years or upon separation.		0%	0%
HDFC Bank	1,740	1,722	Apollo Health & Lifestyle Limited, a subsidiary company of the Group, has availed a term loan which is repayable in 28 structured quarterly instalments, after a moratorium period of 36 months from the date of disbursement to the Company.	Secured by first pari-passu charge on movable fixed assets, rental and lease deposits of the Company	Yearly MCLR plus 0.15% p.a	Yearly MCLR plus 0.15% p.a
ICICI Bank Limited	267	264	Apollo Health & Lifestyle Limited, a subsidiary company of the Group, has availed a term loan which is repayable in 28 structured quarterly instalments, after a moratorium period of 36 months from the date of disbursement to the Company.	Secured by charge on movable fixed assets, current assets of the Company	Yearly MCLR plus 0.40% p.a	Yearly MCLR plus 0.40% p.a

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Particulars	Principal Outstanding as at March 31, 2021	Principal Outstanding as at March 31, 2020	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 21	Rate of Interest 31 Mar 20
Non convertible & non cumulative preference shares	27	-	Apollo Health & Lifestyle Limited, a subsidiary company of the Group, has issued 894,340 0.01% Non-cumulative Non-convertiable Redeemable Preference Shares (NCRPS) of ₹10 per NCRPS (₹8,943,400) at a premium of ₹43 per NCRPS (₹3,8456,620), totalling to ₹47,400,020 and 82,542 0.01% Non-cumulative Non-convertiable Redeemable Preference Shares (NCRPS) of ₹10 per NCRPS (₹825,420) at a premium of ₹156.14 per NCRPS (₹12,888,108), totalling to ₹13,713,528 The company has determined the liability component to ₹24,039,496 which is disclosed as a financial liability under "Borrowings" and balance of ₹36,183,052 is classified as capital contribution under "Other equity".		0.01%	
Axis Bank	711	810	Imperial Hospital and Research Center Limited, a subsidairy company of the Group, has availed a term loan repayable in 36 quarterly installments from the date of disbursement.	Secured by exclusive charge on the moveable fixed assets of the company (present and future)	8.15%	8.15%
Axis Bank	1,047		Medics International Lifesciences Limited, a subsidiary company of the Group, has availed a term which will be repaid in 41 structured quarterly installments commencing at the end of 48 months from the date of first disbursement. Repayment will commence from 9th November 2022.	Secured by First Parri Passu charge on entire fixed assets of the company and current assets of the company, both present and future including land and building.	6M MCLR + 0.25%	
Axis Bank	680		Medics International Lifesciences Limited, a subsidiary company of the Group, has availed a term which will be repaid in 41 structured quarterly installments commencing at the end of 48 months from the date of first disbursement. Repayment will commence from 9th November 2022.	Secured by exclusive charge on entire fixed assets of the company and current assets of the company, both present and future including land and building.	6M MCLR + 0.25%	
Total	28,596	32,957				

23. Other Financial Liabilities

Particulars	As at March 31, 2021		As at March 31, 2020	
	Non Current	Current	Non Current	Current
(a) Interest accrued but not due on borrowings	-	173	-	351
(b) Unclaimed dividends (Refer Note 17 (a))	-	33	-	38
(c) Security deposits	140	-	71	2
(d) Unclaimed matured deposits and interest accrued thereon	-	1	-	2
(e) Current maturities of long-term debt	-	3,647	-	2,461
(f) Derivative Financial instruments	-	-	-	-
(g) Gross Obligation under written put option (Refer Note 58)	5,761	-	4,955	-
(h) Lease liabilities (Refer Note (ii) below)	12,300	704	18,676	1,575
(i) Other Payables		914	47	953
(j) Capital Creditors		729	-	810
Total	18,201	6,201	23,748	6,191

(i) During the year 2020-21 , 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 ₹4.66 Million (Previous year ₹3.34 Million)

(ii) ₹7,558 million is transferred pursuant to Scheme of Arrangement (Refer note 64)

(iii) ₹26 million of capital creditors and ₹115 million of interest accrued and not due as on January 7, 2021 has been consolidated upon acquisition of controlling stake in joint venture Company. (Refer Note 64)

24 Provisions

Particulars	As at March 31, 2021		As at March 31, 2020	
	Non Current	Current	Non Current	Current
Provision for Bonus (Refer Note (i) below)	-	311	-	444
Provision for Gratuity and leave encashment amounting to ₹897 Mio and ₹108 Mio respectively (Refer Note 44 and 45)	223	781	101	786
Total	**223**	**1,093**	**101**	**1,230**

(i) The provision for bonus is based on the management's policy in line with the Payment of Bonus Act, 1965.

(ii) ₹214 million of Provision for Bonus and ₹266 million of Provision for Gratuity and Leave encashment is transferred pursuant to Scheme of Arrangement. (Refer Note 64)

(iii) ₹14 million Provision for leave encashment and ₹ 9 million Provision for Bonus as on January 7, 2021 has been consolidated upon acquisition of controlling stake in joint venture Company. (Refer Note 64)

25 Deferred tax balances

Particulars	As at March 31, 2021	As at March 31, 2020
Deferred Tax Assets (Net)	(251)	(496)
Deferred Tax Liabilities (Net)	2,605	2,942
Total	2,354	2,446

The major components of deferred tax liabilities/(assets) arising on account of timing differences for the year ended March 31, 2021

Particulars	Opening Balance	Impact on acquisition of Medics (Refer Note 64)	Recognised in Statement of Profit and Loss	Impact on account of transfer of assets and liabilities pursuant to Scheme of Arrangement recognised in Statement of Profit & Loss (Refer Note 64)	Recognised in other comprehensive income	Reclassified to provision for tax	Closing Balance
Property Plant and Equipment	8,658	(35)	(181)	(727)			7,716
Financial Assets	(490)	-	(74)	292			(272)
Others Assets	-	-	-				-
Lease Liabilities	(1,718)	-	(265)	267			(1,716)
Retirement Benefit Plans	(398)	-	(10)		(30)		(438)
Business Loss carried forward under Income Tax	(53)	(102)	38		-		(117)
Minimum Alternate Tax Credit	(3,551)	-	865	(111)		(5)	(2,803)
Others Liabilities	(2)	(8)	(5)				(16)
Total	2,446	(145)	368	(279)	(30)	(5)	2,354

The major components of deferred tax liabilities/(assets) arising on account of timing differences for the year ended March 31, 2020

Particulars	Opening Balance	Recognised in Statement of Profit and Loss	Recognised in other comprehensive income	Recognised in Other Equity	Closing Balance
Property Plant and Equipment	8,292	366	-	-	8,658
Financial Assets	(416)	(75)	-	-	(490)
Others Assets	-	-	-	-	-
Lease Liabilities	-	(250)		(1,468)	(1,718)
Retirement Benefit Plans	(389)	(5)	(5)	-	(398)
Business Loss carried forward under Income Tax	(145)	92	-	-	(53)
Minimum Alternate Tax Credit (MAT) (Refer note (i))	(4,366)	814	-	-	(3,551)
Others Liabilities	(2)	-	-	-	(2)
Total	2,975	943	(5)	(1,468)	2,445

Note (i) : The Group has unused tax credits in the form of Minimum Alternate Tax (MAT) which would expire by financial year ending March 2027.

Note (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 amounting to ₹1,748 million, and ₹1,356 million as at March 31, 2021 and 2020 respectively has not been recognized. Further, it is not practicable to estimate the amount of the unrecognized deferred tax liabilities for these undistributed earnings.

Notes to the Standalone financial statements as at and for the year ended March 31, 2021

(All amounts are in ₹ million unless otherwise stated)

26. Trade Payables

Particulars	As at March 31, 2021	As at March 31, 2020
Total outstanding dues of micro enterprises and small enterprises (Refer note 26.1)	227	100
Total outstanding dues of creditors other than micro and small enterprises	11,373	8,989
Total	11,599	9,089

(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.

(ii) Amounts payable to related parties is disclosed in note 60.1

(iii) The Group's exposure to currency and liquidity risks related to trade payable is disclosed in note 47.

(iv) ₹45 million of Trade Payables as on January 7, 2021 has been consolidated upon acquisition of controlling stake in joint venture Company. (Refer Note 64)

26.1 Due to Micro, Small and Medium Enterprises

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 31 March 2018 has been made in the financial statements based on information received and available with the Group. 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 Group has not received any claim for interest from any supplier.

Particulars	As at March 31, 2021	As at March 31, 2020
The amounts remaining unpaid to micro and small suppliers as at the end of the year		
- Principal	227	100
- Interest	1	1
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		

27 Income Tax Asset (Net)

Particulars	As at March 31, 2021	As at March 31, 2020
Advance Tax	1,534	2,464
Tax refund receivable	10,558	10,358
Sub Total	12,092	12,822
Less:		
Income tax payable	(10,387)	(10,011)
Total	1,705	2,811

28 Current Tax Liabilities (Net)

Particulars	As at March 31, 2021	As at March 31, 2020
Provision for tax (Net)	5	2
Total	5	2

29 Other Liabilities

Particulars	As at March 31, 2021		As at March 31, 2020	
	Non Current	Current	Non Current	Current
(a) Contract Liabilities (Refer footnote (i))		773	-	1,072
(b) Balances with statutory authorities		458	-	777
(c) Deferred lease rent		6	-	-
(d) Others	1	31	1	37
Total	1	1,268	1	1,887

(i) Contract liabilities represents deferred revenue arising in respect of the Group's Loyalty Points Scheme ₹25 million (Previous year ₹594 million) and deposits collected from patients of ₹749 million (Previous Year ₹465 million) recognised in accordance with Ind AS 115 Revenue from contracts with customers.

30 Revenue from Operations

Particulars	Year ended March 31, 2021	Year ended March 31, 2020
(a) Revenue from Healthcare services	49,503	56,545
(b) Revenue from sales of Pharmaceutical and other products	22,698	48,206
(c) Revenue from Pharmacy Distribution (Refer Note 64)	25,895	-
(d) Revenue from Clinics	6,584	6,715
(e) Other Operating Income		
- Project Consultancy Income	456	677
- Franchise fees	250	267
- Income from Clinical Trials	47	57
- Brand License fees	167	-
Total	105,600	112,468

Dissaggregation of Revenue

Healthcare Services (Including Other Operating Income)

Region	Year ended March 31, 2021	Year ended March 31, 2020
Tamilnadu	17,426	22,591
AP, Telangana	11,082	11,032
Karnataka	6,208	6,863
Others	15,305	16,812
Total revenue from contracts with customers from healthcare services	50,022	57,297

Sales of Pharmaceutical and other products*

Region	Year ended March 31, 2021	Year ended March 31, 2020
Region 1 (Includes TamilNadu, Karnataka, Maharashtra, Pondicherry, Goa and Port Blair)	8,621	18,044
Region 2 (Includes Telangana, Chhatisgarh, Orissa, West Bengal, Andhra Pradesh , Assam and Jharkhand)	10,608	21,713
Region 3 (Bihar, J&k, New Delhi, Ahmedabad, Ludhiana, Chandigarh, Uttar Pradesh, Rajasthan, Haryana, Himachal Pradesh, Madhya Pradesh and Uttarakhand)	3,469	8,449
Total revenue from sale of Pharmaceutical products	22,698	48,206

* This revenue is pertaining to the sales made by the Group under the segment Retail Pharmacy for the period April 1, 2020 to August 31,2020. This segment has been discontinued pursuant to the Scheme of Arrangement. (Refer note 64)

Pharmacy Distribution*

Region	Year ended March 31, 2021	Year ended March 31, 2020
Region 1 (Includes TamilNadu, Karnataka, Maharashtra, Pondicherry, Goa and Port Blair)	10,003	
Region 2 (Includes Telangana, Chhatisgarh, Orissa, West Bengal, Andhra Pradesh, Assam and Jharkhand)	11,965	
Region 3 (Bihar, J&k, New Delhi, Ahmedabad, Ludhiana, Chandigarh, Uttar Pradesh, Rajasthan, Haryana, Himachal Pradesh, Madhya Pradesh and Uttarakhand)	4,094	
	26,062	-

* This revenue is pertaining to the sales made by the Group under the segment Pharmacy Distribution for the period September 1, 2020 to March 31,2021. This segment has been identified pursuant to the Scheme of Arrangement. (Refer note 64).

Clinics

Region	Year ended March 31, 2021	Year ended March 31, 2020
Tamilnadu	1,069	1,270
AP, Telangana	994	1,091
Karnataka	1,655	1,649
Others	3,099	2,955
	6,818	6,964

(Includes Franchise Fee of ₹234 Million for FY21 and ₹248 Million for FY20)

Category of Customer	Year ended March 31, 2021	Year ended March 31, 2020
Cash	46,100	74,572
Credit	59,500	37,896
	105,600	112,468

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
In-Patient	38,236	41,854
Out-Patient	16,750	20,718
Sale of Pharmaceutical products and other products	48,760	48,808
Others	1,854	1,088
	105,600	112,468

Refer note 3.5 of Significant accounting policies section which explain the revenue recognition criteria in respect of revenue from rendering Healthcare and allied services and Pharmaceutical products as prescribed by Ind AS 115, Revenue from contracts with customers.

During the financial year ended March 31, 2021, the Group has recognised revenue of ₹465million (Previous year ₹468 million) from its Contract liabilities outstanding as on April 1, 2020

Reconciliation of revenue recognised with the contract price is as follows:

Healthcare Services (Including Other Operating Income)

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Contract price as reflected in the invoice	57,884	67,292
Reduction in the form of discounts and disallowances	1,762	2,715
Reduction towards amounts received on behalf of third party service consultants	6,100	7,279
Revenue recognised in the consolidated statement of profit & loss	50,022	57,297

Sales of Pharmaceutical and other products*

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Contract price as reflected in the invoice	22,856	48,474
Reduction in the form of discounts and disallowances	21	100
Revenue deferred on account of unredeemed loyalty credits	136	168
Revenue recognised in the consolidated statement of profit & loss	22,698	48,206

* This revenue is pertaining to the sales made by the Group under the segment Retail Pharmacy for the period April 1, 2020 to August 31,2020. This segment has been discontinued pursuant to the Scheme of Arrangement. (Refer note 64)

Pharmacy Distribution*

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Contract price as reflected in the invoice	27,066	48,474
Reduction in the form of discounts and disallowances	1,035	100
Reversal of provision created for unredeemed loyalty credits upon expiry	-31	168
Revenue recognised in the consolidated statement of profit & loss	26,062	48,206

* This revenue is pertaining to the sales made by the Group under the segment Pharmacy Distribution for the period September 1, 2020 to March 31,2021. This segment has been identified pursuant to the Scheme of Arrangement. (Refer note 64).

Clinics

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Contract price as reflected in the invoice	7,541	7,891
Reduction in the form of discounts and disallowances	370	388
Revenue deferred on account of unredeemed loyalty credits	4	9
Reduction towards amounts received on behalf of service consultants	350	530
Revenue recognised in the consolidated statement of profit & loss	6,818	6,964

(Includes Franchise Fee of ₹234 Mio for FY 20-21 and ₹248 Mio for FY 19-20)

The Group 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.

31 Other Income

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
a) Interest income		
(Interest Income earned on financial assets that are not designated as at fair value through profit or loss)		
Bank deposits	83	58
Other financial assets	135	115
Sub Total	**218**	**173**
b) Dividend Income		
Dividend on equity investments	-	-
c) Other non-operating income (net of expenses directly attributable to such income)		
Provision for liabilities written back	116	51
Sub Total	**116**	**51**
d) Other gains and losses		
Gain on disposal of Property Plant and Equipment		-
Net gain on disposal of financial assets	45	5
Gain/(loss) on fair valuation of investment in debentures	-	-
Gain on fair valuation of mutual funds	33	43
Gain/(loss) on fair valuation of equity instruments	11	(11)
Foreign exchange gain/(loss), net	(41)	(51)
Miscellaneous Income	69	59
Sub Total	**116**	**45**
Total (a+b+c+d)	**450**	**270**

32 Cost of Materials Consumed

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Opening inventory	1,668	884
Impact on acquisition of Medics	69	-
Add: Purchases	16,769	18,877
Less: Closing inventory	2,204	1,668
Total	16,233	18,092

33 Changes in Inventory of Stock in Trade

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Inventories at the beginning of the year	6,034	4,964
Transferred Pursuant to the scheme of arrangement (Refer Note 64)	(5,903)	-
Impact on acquisition of Medics	7	-
Inventories at the end of the year	(1,390)	(6,034)
Changes in inventory of stock in trade	(1,252)	(1,070)

34 Employee Benefits Expense

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Salaries and wages (includes gratuity and leave encashment cost of ₹255 Mio and ₹67 Mio respectively)	13,562	16,705
Contribution to provident fund and ESI (Refer note 43)	1,020	1,042
Staff welfare expenses	1,428	782
Total	16,010	18,529

35 Finance Costs

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Interest expense on financial liabilities measured at amortised cost	2,679	2,929
Interest expense on lease liabilities	1,379	1,704
Other borrowing costs	434	695
Total	4,492	5,328

During the year the Group has capitalised borrowing costs of ₹Nil (previous year ₹232 million) relating to projects, included in Capital Work in progress. The capitalisation rate used is the weighted average interest of Nil (previous year 9%).

36 Depreciation and Amortisation Expense

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Depreciation of property, plant and equipment	4,077	3,915
Amortisation of intangible assets	224	260
Depreciation of Right-of-use asset	1,424	2,016
Depreciation of investment property	6	6
Total	5,731	6,197

37 Other Expenses

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Retainer Fees to Doctor's	5,624	6,378
Advertisement, Publicity & Marketing	1,998	2,271
Power and fuel	1,561	1,946
Legal & Professional Fees	1,105	1,165
Outsourcing Expenses		
Food and Beverages	1,693	1,623
House Keeping Expenses	1,119	1,726
Security Charges	350	361
Bio Medical maintenance	170	93
Other Services	245	90
Office Maintenance & Others	1,096	1,027

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Repairs & Maintenance		
Machinery	1,071	986
Buildings	198	205
Vehicles	83	87
Travelling & Conveyance	718	868
Expected Credit Loss on trade receivables	1,310	752
Printing & Stationery	348	523
Rates and Taxes, excluding taxes on income	177	216
Repairs to Buildings	198	205
Telephone Expenses	175	194
Water Charges	136	184
Postage & Telegram	95	157
Insurance	184	155
Hiring Charges	139	147
Continuing Medical Education & Hospitality Expenses	73	140
Laboratory testing charges	241	122
Franchise Service Charges	33	93
Repairs to Vehicles	83	87
Seminar Expenses	12	55
Loss on Sale of Property Plant and Equipments	29	37
Subscriptions	29	21
Donations	32	21
Books & Periodicals	8	15
Director Sitting Fees	11	9
Miscellaneous expenses	717	395
Total (a)	**21,277**	**22,990**
Expenditure incurred for corporate social responsibility (b)	98	87
Total (a) + (b)	**21,374**	**23,077**

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.

Amount spent during the year ended March 31, 2021 on corporate social responsibility activities:

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Construction/acquisition of any asset		-
On purpose other than above	98	87

38 Income Taxes

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Current tax		
In respect of the current year	438	1,249
In respect of the earlier year	320	60
Total	**758**	**1,309**

Notes to the Standalone financial statements as at and for the year ended March 31, 2021

(All amounts are in ₹ million unless otherwise stated)

39 Deferred Tax

In respect of the current year (includes MAT credit utilized amounting to ₹754 (previous year ₹832))	369	943
In respect of the earlier year	(279)	
Total	89	943
Total income tax expense	847	2,252

Income tax expense can be reconciled to the accounting profit as follows:

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Profit before share of net profits of investments accounted for using equity method and tax	2,207	6,600
Enacted tax rates in India	34.94%	34.94%
Income tax expense	771	2,306
Effect of income that are not considered in determining taxable profit	(260)	(686)
Long Term Capital gains recognised on sale of Divestment Business (Previous year: Investments)	135	222
Effect of expenses that are not deductible in determining taxable profit	57	39
Effect of tax expenses recorded in respect of previous years not included in profit considered above	40	60
Deferred tax liability recognition pursuant to amendment in tax legislation	99	-
Effect of unrecognized deferred taxes deductible temporary differences	4	310
Total	**847**	**2,252**

40 Amount Recognised in other Comprehensive Income (OCI)

Nature of treatment	Year ended March 31, 2021	Year ended March 31, 2020
Items that will not be reclassified subsequently to statement of profit and loss		
Re-measurement of defined benefit plans (Refer Note 44)	236	(13)
Equity instruments through other comprehensive income	-	(1)
Tax on above	(82)	8
Total	153	(6)

41 Segment Information

Operating Segments

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, Pharmacy Distribution Clinics and Others have been identified as the operating segments. No operating segments have been aggregated in arriving at the reportable segments of the Group.

Pursuant to the Scheme of Arrangement as described in Note 64, the front-end portion of the Retail Pharmacy segment ('Divestment business') has been disposed to an associate company, Apollo Pharmacies Limited. The effective date for the Scheme of Arrangement is September 1, 2020. Retail Pharmacy segment as presented earlier in these Consolidated financial statements includes transactions of the divestment business till the effective date. The Group henceforth has Healthcare, Pharmacy Distribution, Clinics and Others as its operating and reportable segments.

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 these consolidated 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. Pharmacy distribution includes distribution of pharmaceutical, FMCG and Private Label products to corporates through long term supply agreements. 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 and others

c. Inter segment revenue and expenses are eliminated.

The Group has disclosed this Segment Reporting in Financial Statements as per Ind AS 108.

41.1 Segment revenues and results

The following is an analysis of the Group's revenue and results from continuing operations by reportable segments.

Particulars	Segment Revenue		Segment Profit	
	March 31, 2021	March 31, 2020	March 31, 2021	March 31, 2020
Healthcare	50,230	57,504	2,878	7,024
Retail Pharmacy	22,698	48,206	1,493	2,902
Clinics	6,818	6,964	(107)	(219)
Others	42	44	(32)	(31)
Pharmacy Distribution	26,062		1,412	
Sub-Total	105,850	112,717	5,643	9,676
Less: Inter Segment Revenue	250	249		
Total	105,600	112,468	5,643	9,676
Finance costs			(4,492)	(5,328)
Other un-allocable expenditure			450	270
Exceptional item (Net) (Refer note 64)			606	1,983
Share of profit of associates / joint ventures			8	(31)
Profit before share of net profits of investments accounted for using equity method and tax			2,215	6,570

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.

41.2 Segment assets and liabilities

Nature of treatment	As at March 31, 2021	As at March 31, 2020
Segment Assets		
Healthcare	78,179	76,018
Retail Pharmacy	-	20,550
Clinics	10,053	8,232
Others	458	477
Pharmacy Distribution	8,704	-
Total Segment Assets	97,393	1,05,277
Unallocated	16,776	8,107
Total assets	114,169	113,384
Segment liabilities		
Healthcare	25,824	22,864
Retail Pharmacy	-	11,276
Clinics	7,262	6,367
Others	205	195
Pharmacy Distribution	3,448	
Total Segment liabilities	36,739	40,701
Unallocated	31,404	39,289
Total liabilities	68,143	79,991

42 Earnings per Share (EPS)

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:

Basic and Diluted earnings per share (Face value ₹5 per share)	As at March 31, 2021	As at March 31, 2020
(i) Income :-		
Profit for the year attributable to the owners of the Company	1,504	4,549
Earnings used in the calculation of basic and dilued earnings per share	1,504	4,549
(ii) Weighted average number of equity shares for the purposes of basic earnings per share (Refer Note below)	139,993,230	139,125,159
(iii) Earnings per share (Face value ₹5 per share)		
Basic and Diluted	10.74	32.70

Note:

As on date	Date for no of days calculation	No.of days outstanding	No.of shares	Weighted avg no.of shares
31-Mar-21	01-Apr-20	365	139,125,159	139,125,159
31-Mar-21	23-Jan-21	68	4,659,498	868,071
			143,784,657	139,993,230

Employee Benefits Plans

43 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 was ₹882 million (previous year ₹696 million) .The Employee state insurance is operated by the employee state insurance corporation. Under these schemes, the Group 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 was ₹138 million (previous year ₹232 million). The Group has no further obligations in regard of these contribution plans.

44 Defined Benefit Plans

44.1 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 Group'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 Group recognizes actuarial gains and losses immediately in other comprehensive income, net of taxes. The Group 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 Group.

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	March 31, 2021	March 31, 2020
Opening defined benefit obligation	1,424	1,315
Impact of business combination	3	-
Current service cost	121	91
Interest cost	61	88
Remeasurement (gains)/losses on account of change in actuarial assumptions	173	(9)
Others [describe]		
Benefits paid	(113)	(60)
Transferred Pursuant to the scheme of arrangement (Refer Note 64)	(296)	
Closing defined benefit obligation	1,375	1,424

B. Changes in Fair value of Plan Assets

Particulars	March 31, 2021	March 31, 2020
Opening fair value of plan assets	1,001	913
Impact of business combination	2	
Interest income	44	65
Return on plan assets (excluding amounts included in net interest expense)	64	4

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
(All amounts are in ₹ million unless otherwise stated)

Particulars	March 31, 2021	March 31, 2020
Contributions from the employer	88	80
Benefits paid	(101)	(60)
Transferred Pursuant to the scheme of arrangement (Refer Note 64)	(258)	
Closing fair value of plan assets	838	1,001

C. Amount recognised in Balance Sheet

Particulars	March 31, 2021	March 31, 2020
Present value of funded defined benefit obligation	1,375	1,424
Fair value of plan assets	(838)	(1,001)
Funded status	536	423
Restrictions on asset recognised	-	-
Net liability arising from defined benefit obligation	536	423

D. Expenses recognised in statement of profit and loss

Particulars	March 31, 2021	March 31, 2020
Service cost:		
Current service cost	121	91
Net interest expense	17	23
Components of defined benefit costs recognised in profit or loss	138	114

E. Expenses recognised in Other Comprehensive Income

Particulars	March 31, 2021	March 31, 2020
Remeasurement on the net defined benefit liability:		
Return on plan assets (excluding amounts included in net interest expense)	(64)	(4)
Actuarial (gains) / losses arising from changes in demographic assumptions	173	(9)
Actuarial (gains) / losses arising from changes in financial assumptions	-	-
Actuarial (gains) / losses arising from experience adjustments	-	-
Components of defined benefit costs recognised in other comprehensive income	110	(13)
Remeasurement (gain)/ loss recognised in respect of JVs / Associates	126	7
Total of remeasurement (gain)/loss recognised in Other Comprehensive Income (OCI)	236	(6)

F. Significant Actuarial Assumptions

Particulars	Valuation as at	
	March 31, 2021	March 31, 2020
Discount rate(s)	Hospital-4.25%-7%	Hospital-5.45%-7%
	Pharmacy-5.58%	Pharmacy-5.45%
	Clinics-6.88%-6.92%	Clinics-6.5%-7%
Expected rate(s) of salary increase	Hospital: 5%-8%	Hospital: 0%-8%
	Pharmacy - 5%(FY21) and 6% for the balance years	Pharmacy:0% (FY21) and 5% balance years
	Clinics:5%	Clinics:5%

Particulars	Valuation as at	
	March 31, 2021	March 31, 2020
Attrition Rate	Hospital:2%-34%	Hospital:2%-45%
	Pharmacy:32%	Pharmacy:32%
	Clinics:3%-35%	Clinics:5%-35%
Retirement Age	58.00	58.00
Pre-retirement mortality	Indian Assured Lives Mortality (2012-14) Ultimate	Indian Assured Lives Mortality (2012-14) 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	Fair value of plan assets as at	
	March 31, 2021	March 31, 2020
Insurer managed funds	838	1,001
Total	838	1,001

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, 2021	March 31, 2020	31-Mar-21	31-Mar-20	31-Mar-21	31-Mar-20
Discount rate	+100 basis points/-100 basis points	+100 basis points/-100 basis points	1,343	1,539	1,283	1,505
Salary growth rate	+100 basis points/-100 basis points	+100 basis points/-100 basis points	1,344	1,551	1,282	1,491
Attrition rate	+100 basis points/-100 basis points	+100 basis points/-100 basis points	1,302	1,295	1,288	1,516

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.

Particulars	March 31, 2021	March 31, 2020
Estimated benefit payments from the fund for the year ended March 31		
2022	511	581
2023	147	142
2024	103	92
2025	70	59
Thereafter	187	155

45 Long Term Benefit Plans

45.1 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 managed by HDFC Life.

The significant actuarial assumptions used for the purposes of the actuarial valuations were as follows.

Particulars	Valuation as at	
	March 31, 2021	March 31, 2020
Discount rate(s)	5.58%-7%	5.45%-7%
Expected rate(s) of salary increase	0%-8%	0%-8%
Attrition Rate	2%-45%	2%-45%
Retirement Age	58.00	58.00
Pre-mortality rate	Indian Assured Lives Mortality (2012-14) Ultimate	Indian Assured Lives Mortality (2012-14) Ultimate

46 Financial Instruments

46.1 Capital management

The Group 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 Group consists of net debt and total equity of the Company. 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, 2021 of 44% (Previous year 90%) was below the target range.

Gearing Ratio

Basic and Diluted earnings per share (Face value ₹5 per share)	As at March 31, 2021	As at March 31, 2020
The gearing ratio at end of the reporting period was as follows.		
Debt (includes Borrowings , Current Maturities of Long term Debt, unpaid maturities of deposits and excludes lease liabilities recognised upon adoption of Ind AS 116 in the current year)	28,595	35,958
Cash and bank balances (Refer Note 16 & Note 17)	7,244	4,667
Net Debt	21,351	31,291
Total Equity	48,024	34,697
Net debt to equity ratio	44%	90%

46.2 Categories of financial instruments

Basic and Diluted earnings per share (Face value ₹5 per share)	As at March 31, 2021	As at March 31, 2020
Financial assets		
Measured at fair value through profit or loss (FVTPL)		
(i) Investments in Equity Instruments (Other than Joint Ventures and Associates)	285	269
(ii) Investments in Mutual Funds	9,978	749

Basic and Diluted earnings per share (Face value ₹5 per share)	As at March 31, 2021	As at March 31, 2020
(iii) Derivative Financial Instruments	-	67
Measured at amortised cost		
(i) Cash and Cash Equivalents	7,244	4,667
(ii) Trade Receivables	13,311	10,272
(iii) Investment in Debentures	80	80
(iv) Other Financial Assets	2,039	3,283
(vi) Loans	231	301
(v) Finance Lease Receivable	5	5
Measured at Cost (equity method of accounting)		
(i) Investments in Joint ventures and Associates	3,082	3,242
Investments measured at Fair Value Through Other Comprehensive Income (FVTOCI)	2	2
Financial liabilities		
Measured at amortised cost		
(i) Trade Payables	11,602	9,089
(ii) Borrowings (includes short, long term and interest accrued and not due)	28,595	35,958
(iii) Other Financial Labilities (includes lease liabilities)	14,992	22,522
(iv) Gross Obligation over written put options	5,761	4,955

46.3 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 Group 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 demonimated 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 Group does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Corporate Treasury function reports quarterly to the Group's risk management committee, an independent body that monitors risks and policies implemented to mitigate risk exposures.

46.4 Market risk

The Group's activities expose it to the financial risks of changes in foreign currency exchange rates and interest rates. The Group 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

46.5 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.

Notes to the Standalone financial statements as at and for the year ended March 31, 2021

(All amounts are in ₹ million unless otherwise stated)

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	
	March 31, 2021	March 31, 2020	March 31, 2021	March 31, 2020
Foreign Currency Borrowings (in USD)	-	8	-	-
Foreign Currency Borrowings (in INR)	-	601	-	-
Trade Receivables (In USD)	-	-	2	1
Trade Receivables (In INR)	-	-	124	49
Trade Payables (In USD)	0.48	7	-	-
Trade Payables (In INR)	35	568	-	-

Foreign currency sensitivity analysis

During the current year, the total value of credit facilities secured in foreign currency have been repaid and therefore the Group only has trade payable expsoure as presented in the above table.In respect of previous year, the borrowings of USD 8 Million as at March 31, 2020 are completely hedged against foreign currency fluctuation using forward contracts and Interest rate swaps. Therefore the exposure of the Group of foreign exchange risk is limited to unhedged borrowings and trade payables, trade receivables denominated in foreign currency 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 Foreign Currency			
	2020-2021		2019-2020	
	+10%	(10%)	+10%	(10%)
Impact on Profit or Loss for the year	9	(9)	(52)	52
Impact on Equity for the year	9	(9)	(52)	52

The Group had 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. Upon repayment of underlying credit facilities secured in foreign currency, there are no outstanding derivatives for the Group as at March 31, 2021.

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.

46.6 Interest rate risk management

The Group is exposed to interest rate risk because the Group borrows 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 Group's:

- profit for the year ended March 31, 2021 would decrease/increase by ₹188 Million (Previous year: decrease/ increase by ₹149 million). This is mainly attributable to the Group's exposure to interest rates on its variable rate borrowings

Cross Currency Interest rate swap (CCIRS) contracts

Under interest rate swap contracts, the Group agrees to exchange the difference between fixed and floating rate interest amounts calculated on agreed notional principal amounts. Such contracts enable the Group 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. There are no outstanding CCIRS contracts as at March 31, 2021

46.7 Credit risk management

Credit risk is a risk of financial loss to the Group arising from counterparty failure to repay according to contractual terms or obligations. Majority of the Group'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. The Insurance Companies are required to maintain minimum reserve levels and the Corporate Customers are enterprises with high credit ratings. Accordingly, the Group's exposure to credit risk in relation to trade receivables is considered low. Before accepting any new credit customer, the Group 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 13 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. In respect of the current year, since there is no open position of derivative this may not be considered as relevant.

46.8 Equity price sensitivity analysis

As at March 31, 2021 the Group has quoted investments only in Indraprastha Medical Corporation Limited, investment in joint venture consolidated based on equity method as mentioned in Note 3.7. Hence, the Company does not have exposure to equity price risks at the end of the reporting period.

47 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 Group's short-term, medium-term and long-term funding and liquidity management requirements. The Group 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.

47.1 Liquidity and interest risk tables

The following tables detail the Group'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 Group 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 Group may be required to pay.

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.

Particulars	Weighted average effective interest rate(%)	3 months to 1 year	1 Year to 5 years	> 5 years
March 31, 2021				
Non-interest bearing		14,152	73	18,128
Variable interest rate instruments	8.05%	1,860	10,084	14,651
Fixed interest rate instruments	7.80%	2,001	-	-
Lease liabilities		1,210	4,646	25,559
		19,225	14,803	58,339
March 31, 2020				
Non-interest bearing		3,728	-	5,073
Variable interest rate instruments	8.54%	7,503	8,358	14,494
Fixed interest rate instruments	9.58%	2	2,000	3,000
Lease liabilities		2,377	8,451	27,515
		13,610	18,809	50,083

The carrying amounts of the above are as follows:

Particulars	31-Mar-21	31-Mar-20
Non-interest bearing	32,353	8,801
Variable interest rate instruments	26,595	30,355
Fixed interest rate instruments	2,001	5,002
Lease liabilities	31,415	38,343
	92,364	82,501

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 Group'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 Group'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, 2021				
Non-interest bearing		13,914		1,441
Fixed interest rate instruments	10%		179	

Particulars	Weighted average effective interest rate (%)	3 months to 1 year	1 Year to 5 years	> 5 years
		13,914	179	1,441
March 31, 2020				
Non-interest bearing		11,290	-	2,337
Fixed interest rate instruments	10%	70	231	
		11,360	231	2,337

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 Group'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 Group 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, 2021		
Net Settled:		
- Cross Currency interest rate swaps		
March 31, 2020		
Net Settled:		
- Cross Currency interest rate swaps	601	
Total	601	-

48 Financing Facilities

The Group has access to financing facilities as described below. The Group expects to meet its other obligations from operating cash flows and proceeds of maturing financial assets.

Particulars	As at March 31, 2021	As at March 31, 2020
Secured bank loan facilities		
- amount used	38,120	34,599
- amount unused	2,445	4,745
	40,564	39,344
Unsecured bank loan facilities		
- amount used	7	3,079
- amount unused	8,072	2,509
	8,080	5,588

49 Fair Value Measurement

Level : Level 1 hierarchy includes financial instruments measured using quoted prices in active markets for identified assets and liabilities

Level : 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 March 31, 2021	Fair Value as at March 31, 2020	Fair Value Hierarchy	Valuation technique and key inputs	Significant unobservable inputs	Relationship of unobservable inputs to fair value
Derivative Financial Instruments (Assets)	-	67	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	-	-
Investments in Mutual Funds	9,978	749	Level 1	Fair value is determined based on the Net asset value published by respective funds.	-	-
Investments in equity Instruments	285	269	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)	1.76	1.76	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

The fair value of the financial assets and liabilities is included at the amount at which the instrument could be exchanged in a current transaction between willing parties, other than in a forced or liquidation sale. The fair-value of the financial-instruments factor the uncertainties arising out of COVID-19, where applicable.

50 Fair Value of Financial Assets and Financial Liabilities that are not measured at fair value (but fair value disclosure are required)

The Group 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.

51 Reconciliation of Level 3 Fair Value Measurements

Particulars	31-Mar-21	31-Mar-20
Opening Balance	270	194
Add: Investments during the year	33	88
Less : Fair value gain/(loss)	(16)	(12)
Closing Balance	287	270

52 Financial impact of initial application of Ind AS 116, Leases

52.1 The Company as lessee

Leasing arrangement

Ind AS 116 requires lessees to determine the lease term as the non-cancellable period of a lease adjusted with any option to extend or terminate the lease, if the use of such option is reasonably certain. The Group makes an assessment on the expected lease term on a lease-by-lease basis and thereby assesses whether it is reasonably certain that any options to extend or terminate the contract will be exercised. In evaluating the lease term, the Group considers factors such as any significant leasehold improvements undertaken over the lease term, costs relating to the termination of the lease and the importance of the underlying asset to the operations taking into account the location of the underlying asset and the availability of suitable alternatives. The lease term in future periods is reassessed to ensure that the lease term reflects the current economic circumstances.

The Group lease asset classes primarily consist of leases for land and buildings. The Group assesses whether a contract contains a lease, at inception of a contract. A contract is, or contains, a lease if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration. Refer note 6 for Right of use asset for the period ended March 31, 2021

The lease term considerred by the Group for measurement of Right-of-use assets and lease liabilities range from 2 years to 60 years and and the incremental borrowing rate considered for measurement of lease liability is 9%.

The tables below show amount of impact on financial statements on initial application of standard:

Retained earnings

Adjustment on account of modified retrospective approach	2,253
De-recognition of pre-operative expenses earlier capitalised as per Ind AS 16	451
Deferred tax impact on above	-5
Total	2,699
Consolidated Statement of Profit and Loss	
Interest on lease liabilities	1,704
Depreciation of Right-of-use assets	2,005
Rent reversal	(2,992)
Deferred tax (credit)	(250)
Impact on the consolidated statement of profit and loss	466
Earnings per share (EPS)	
Basic and Diluted EPS prior to adoption of Ind AS 116	36.05
Basic and Diluted post prior to adoption of Ind AS 116	10.74
Impact	25.31

Consolidated Statement of Cash Flows

Under Ind AS 116, the Group has presented

i) Short-term lease payments, payments for leases of low-value assets and variable lease payments not included in the measurement of the lease liability as part of operating activities;

ii) Cash paid for the interest and principal portion of lease liability as financing activities

Under Ind AS 17, all lease payments on operating leases were presented as part of cash flows from operating activities. Consequently, the net cash generated by operating activities has increased by ₹2,983 million and net cash used in financing activities increased by the same amount.

The adoption of Ind AS 116 did not have an impact on net cash flows.

The difference between the lease obligation disclosed as of March 31, 2019 under Ind AS 17 and the value of the lease liabilities as of April 1, 2019 is primarily on account of assessment of lease tenure considering all relevant facts and circumstances that create an economic incentive for the lessee to exercise the option when determining the lease term, significant leasehold improvements made and importance of the underlying asset to lessee's operations.

Reconciliation between operating lease committment disclosed as per Ind AS 17 and lease liability recognised as at April 1, 2019 is given below:

Operating lease commitment as at March 31,2019	6,954
Discounted at incremental borrowing rate at April 1,2019	3,472
Recognition exemption for short term lease*	-
Extension and termination options reasonable certain to be excercised	15,660
Lease liabilities as at April 1,2019	19,132

The Group has not considered any lease commitment in case of short term leases in the previous period and these lease have also not been considered under Ind AS 116. Hence, there is no adjustment on account of short term leases.

Movement in Lease Liabilities

Lease liability as on April 1, 2019	19,132
Additions	2,529
Deletions	(131)
Finance Cost accrued during the period	1,704
Payment of lease liabilities*	(2,983)
Balance at March 31, 2020	20,250
Additions	1,489
Deletions/transfers**	(7,863)
Finance Cost accrued during the period	1,379
Payment of lease liabilities*	(2,252)
Balance at March 31, 2021	13,003

* Includes repayment of both principal and interest

** Includes transfer of ₹7,558 million pursuant to Scheme of Arrangement (Refer Note 64)

Refer note 6 for movement in Right-of-use assets from April 1, 2019 to March 31, 2021

The Group does not face a significant liquidity risk with regard to its lease liabilities as the current assets are sufficient to meet the obligations related to lease liabilities as and when they fall due.

(Refer Note 47.1 Liquidity and Interest risk tables maturity analysis of lease liabilities)

The Group has made use of the following practical expedients available in its transition to Ind AS 116:

a) The Group has not re-assessed whether whether a contract is, or contains, a lease at April 1, 2019 and has applied the standard to all contracts that were previously identified as leases applying Ind AS 17, Leases.

b) The Group has applied single discount rate to a portfolio of leases with reasonably similar characteristics (such as leases with a similar remaining lease term for a similar class of underlying asset in a similar economic environment). Consequently, the Group has recorded its lease liability using the present value of remaining lease payments, discounted using the incremental borrowing rate at the date of initial application and the right-of-use asset at its carrying amount as if the standard had been applied since the commencement date of the lease, but discounted using the incremental borrowing rate at the date of initial application.

The Group's incremental borrowing rate as in te date of intial application is at 9%, which has been used for measurement of lease liabilities.

c) The Group has excluded the initial direct costs from measurement of the RoU asset.

d) The Group does not recognize RoU assets and lease liabilities for leases with less than twelve months of lease term and low value assets on the date of initial application.

53 Commitments

Particulars	31-Mar-21	31-Mar-20
Commitments to contribute funds for the acquisition of property, plant and equipment	2,584	1,431
Commitments to contribute funds towards Equity	4,100	531

54 Contingent liabilities

Particulars	31-Mar-21	31-Mar-20
(a) Claims against the Company not acknowledged as debt	4,206	3,483
(b) Letter of Credit	35	34
(c) Other money for which the Group is contingently liable		
Customs Duty	372	310
Service Tax (Refer ii)	74	62
Provident Fund	39	22
Value Added Tax	5	1
Luxury Tax	3	3
Income Tax (Refer i & iii)	270	317
Other Matters	239	325
Total	9,676	8,941
Cotingent Assets		
Consideration receivable as part of disposal of investment in associate	81	81

* Includes proportionate share of associate and joint venture companies

Notes

(i) In respect of the company , relating to the proceedings pending before the relevant income tax authority for the assessment years 2009-10 to 2016-17, it 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 subsidiary company received an order from Provident Fund authorities regarding Provident Fund (PF) payments on certain allowances given by the company to its employees for the period April 2014 to April 2016 aggregating to ₹10 million excluding interest and penalties. The Parent Company has deposited a sum of ₹10 million under protest against this demand and based on the legal opinion the demand has been considered as contingent in previous year. During the previous year the amount as per the demand is fully provided for.

(vi) 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 subsidiary company has filed an appeal against the said order and contending that no additional provision fot tax expenses is necessary in the financial statements.

(vii) In respect of Apollo Health & Lifestyle Limited, the company has received a showcause notice from Service tax department against the audit carried on by the department for the period Oct-2014 to June 2017 aggregating to ₹3 million excluding interest and penalties. The Company has deposited a sum of ₹3 million under protest against this demand and based on the legal opinion the demand has been considered as contingent.

(viii) In respect of Apollo Gleneagles Hospital Limited (AGHL), Joint Venture Company of the Group ₹100 million is included in "Claims against the group not acknowledged as debt" in respect of a compensation claim for land which is pending before the division bench of High Court.

(ix) In respect of Indraprastha Medical Corporation Limited, associate company of the Group ₹115 million is included in "Claims against the group not acknowledged as debt" in respect of suits filed against IMCL and the consultant doctor.

55 Expenditure in Foreign Currency

Particulars	Year Ended 31-Mar-21	Year Ended 31-Mar-20
a. CIF Value of Imports:		
Machinery and Equipment	333	1,150
Stores and Spares	0	30
Other Consumables	11	33
b. Expenditure.		
Travelling Expenses	2	69
Professional Charges	72	85
Royalty	3	6
Advertisement	0	4
Business Promotion	55	41
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.	1	2
Non-Residents shareholders to whom remittance was made (Nos.)	135	136
Shares held by non-resident share-holders on which dividend was paid (Nos.)	5,48,995	5,57,395

56 Earnings in Foreign Currency

Particulars	Year Ended 31-Mar-21	Year Ended 31-Mar-20
Hospital Fees	**391**	**968**
Project Consultancy Services	286	55
Pharmacy Sales	0	18
Total	677	1,041

57 Share-based Payments

Employee share option plan of the Company

(i) Apollo Health and Lifestyle Limited

The Company has granted 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 over the vesting period.

Particulars	No. of stock options	
	For the year 2020-21	For the year 2019-20
Options outstanding on April 1	-	82,500
Options granted during the year	-	-
Options forfeited/lapsed during the year	-	82,500
Options exercised during the year	-	-
Options outstanding on March 31	-	-
Options vested but not exercised on March 31	-	-

Management has estimated the fair values of options granted at ₹30.

The Employees Stock Option Plan - 2013 was completed and closed in the previous year.

(ii) 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 over the vesting period.

Summary of stock options

Particulars	No. of stock options	
	For the year 2020-21	For the year 2019-20
Options outstanding on April 1	1,595	1,595
Options granted during the year	-	-
Options forfeited/lapsed during the year	-	-
Options exercised during the year	-	-
Options outstanding on March 31	1,595	1,595
Options vested but not exercised on March 31	-	-
Exercise price is ₹Nil		
Management has estimated the fair values of options granted at ₹25,764.		

(iii) Apollo Sugar Clinics Limited

The Company has granted 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 over the vesting period.

Particulars	No. of stock options	
	For the year 2020-21	For the year 2019-20
Options outstanding on April 1	44,370	44,370
Options granted during the year	-	-
Options forfeited/lapsed during the year	44,370	-
Options exercised during the year	-	-
Options outstanding on March 31	-	44,370

Exercise price is ₹89.42

The Employees Stock Option Plan - 2017 was completed and closed during the year.

Management has estimated the fair values of options granted at ₹275.70.

(iv) Alliance Dental Care Limited

The Company has granted 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 over the vesting period.

Particulars	No. of stock options	
	For the year 2020-21	For the year 2019-20
Options outstanding on April 1	9,456	28,368
Options granted during the year	-	-
Options forfeited/lapsed during the year	-	-
Options exercised during the year	9,456	18,912
Options outstanding on March 31	-	9,456
Options vested but not exercised on March 31	-	9,456

Exercise price is ₹10

Management has estimated the fair values of options granted at ₹194.

With the allotment of 6,000 Equity Shares in June 2020, the Employees Stock Option Plan - 2017 was completed and closed.

(v) Apollo Dialysis Private Limited

The Company has granted 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 over the vesting period.

Particulars	No. of stock options	
	For the year 2020-21	For the year 2019-20
Options outstanding on April 1	9,261	27,783
Options granted during the year	-	-
Options forfeited/lapsed during the year	-	-
Options exercised during the year	9,261	18,522
Options outstanding on March 31	-	9,261
Options vested but not exercised on March 31	-	9,261

Exercise price is ₹10

Management has estimated the fair values of options granted at ₹27.

With the allotment of 9,261 Equity Shares in June 2020, the Apollo Dialysis ESOP Scheme 2016 was completed and closed.

(vi) Employee stock appreciation rights (SAR)

Board of Directors in the meeting held on August 6, 2019, approved the grant of equity settled SARs to eligible employees of the Company (AHLL and ASHPL) with the grant date of April 1, 2020. 4,314,656 SAR's issued to the eligible employees on August 6, 2019 with a grant date of April 1, 2020 having a vesting period of 3- 4 years from the date of issue of such letters. Portion of the ESARs vest based on BU's performance and the remaining based on consolidated performance of the subsidiary company.

Number of ESAR outstanding as at March 31, 2021 for active employees is 33,01,690

The SARs provide the employees with the right to receive shares upon liquidity event as defined in the scheme, having a market value equal to the market appreciation since the grant date of the rights. Nomination and Remuneration committee in their meeting held on September 02, 2020, assessed EBDITA achievement for YE March 31, 2020 as 98% of AOP due to COVID.

The Company elects to adopt recognizing expense basis Fair Market Value of SARs over vesting period. Accordingly, as of March 31, 2021 Company has recognized the following amounts related to the March 31, 2021 grants.

Particulars	March 31, 2021
Clinics	75
Diagnostics	35
Spectra	33
Cradle	21
Corporate	180
Options vested but not exercised on March 31	344

Summary of stock options

Particulars	No. of stock options	
	For the year 2020-21	For the year 2019-20
Options outstanding on April 1	-	-
Options granted during the year	4,314,656	-
Options forfeited/lapsed during the year	1,012,966	-
Options exercised during the year	-	-
Options outstanding on March 31	3,301,690	-
Options vested but not exercised on March 31	3,301,690	-

58 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.

59 The Group has advanced loans to its subsidiary companies. 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.

60 Information on Related Party Transactions as required by Ind AS 24 - Related Party Disclosures for the year ended March 2021

S.No	Name of the company	Country of Incorporation	% of Holding as at March 31, 2021	% of Holding as at March 31, 2020
A) Subsidiary Companies: (where control exists)				
1	Apollo Home Healthcare (India) Limited	India	100	100
2	AB Medical Centre Limited	India	100	100
3	Apollo Health and Lifestyle Limited	India	68.25	70.25
4	Apollo Nellore Hospitals Limited	India	80.87	80.87

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
(All amounts are in ₹ million unless otherwise stated)

S.No	Name of the company	Country of Incorporation	% of Holding as at March 31, 2021	% of Holding as at March 31, 2020
5	Imperial Hospitals and Research Centre Limited	India	90	90
6	Samudra healthcare 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	65.85	65.52
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	70.75	70.75
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 Private Limited	Singapore	100	100
19	Apollo Medicals Private Limited# (Refer Note 64)	India	-	99.99
20	Medics International Lifesciences Limited* (Refer Note 64)	India	51	100
B) Step Down Subsidiary Companies				
1	Alliance Dental Care Limited	India	69.09	69.54
2	Apollo Dialysis Private Limited	India	69.06	59.3
3	Apollo Sugar Clinics Limited	India	80	80
4	Apollo Specialty Hospitals Pvt Ltd	India	100	100
5	Apollo CVHF Limited	India	66.67	66.67
6	Apollo Bangalore Cradle Limited	India	100	100
7	Kshema Health Private Limited	India	100	100
8	Apollo Pharmacies Limited	India	100	100
9	AHLL Diagnostics Limited	India	100	100
10	AHLL Risk Management Private Limited	India	100	100
11	Surya Fertility Centre Pvt Ltd	India	100	0
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 Ltd* (Refer Note 64)	India	-	50
D) Associates				
1	Family Health Plan Limited	India	49	49
2	Indraprastha Medical Corporation Limited	India	22.03	22.03
3	Apollo Medicals Private Limited# (Refer Note 64)	India	25.5	0
4	Stemcyte India Therapautics Private Limited	India	24.5	24.5
5	Apollo Amrish Oncology Services Private Limited	India	50	50

S.No	Name of the company	Country of Incorporation	% of Holding as at March 31, 2021	% of Holding as at March 31, 2020
E) Key Management Personnel				
1	Dr. Prathap C Reddy			
2	Smt. Preetha Reddy			
3	Smt. Suneeta Reddy			
4	Smt. Shobana Kamineni			
5	Smt. Sangita Reddy			
6	Shri. Krishnan Akhileswaran			
7	Shri. S M Krishnan			
F) Directors				
1	Shri. Vinayak Chatterjee			
2	Dr. T.Rajgopal* (ceased to be a Director with effect from 1st April 2021)			
3	Dr. Murali Doraiswamy			
4	Smt. V.Kavitha Dutt			
5	Shri. MBN Rao			
G) Enterprises over which key managerial personnel and their relatives are able to exercise significant influence / control / joint control				
1	Adeline Pharma Private Limited	India		
2	Apollo Hospitals Education Research Foundation	India		
3	Apollo Health Resources Limited	India		
4	Apollo Hospital Educational Trust	India		
5	Apollo Institute of Medical Science and Research	India		
6	Apollo Medskills Limited	India		
7	Apollo Shine Foundation	India		
8	Apollo Sindoori Hotels Limited	India		
9	Apollo Tele Health Services Private Limited	India		
10	Apollo Teleradiology Private Limited	India		
11	ATC Pharma Private Limited	India		
12	Bona Sera Hotels Limited	India		
13	B. R. Enterprises	India		
14	Cadila Pharmaceuticals Limited	India		
15	Care Pathology	India		
16	Dhruvi Pharma Private Limited	India		
17	Dr.GSK VELU	India		
18	Dynavision Limited	India		
19	Ecomotel Hotel Limited	India		
20	Emedlife Insurance Broking services Limited	India		
21	Faber Sindoori Management Services Private Limited	India		
22	Focus Medisales Private Limited	India		
23	Frister Foods Pvt Ltd	India		
24	Full Spectrum Adventure Limited	India		
25	Green Channel Travels Services Private Limtied	India		

Notes to the Standalone financial statements as at and for the year ended March 31, 2021

(All amounts are in ₹ million unless otherwise stated)

S.No	Name of the company	Country of Incorporation	% of Holding as at March 31, 2021	% of Holding as at March 31, 2020
26	Healthnet Global Limited	India		
27	Indian Hospital Corporation Limited	India		
28	Indo - National limited	India		
29	IRM Enterprises Private Limited	India		
30	Jugnu Jain	India		
31	Keimed Private Limited	India		
32	Kurnool Hospitals Enterprise Limited	India		
33	Kalpatharu Enterprises Private Limited	India		
34	Lavasa Corporation Limited	India		
35	Lifetime Wellness Rx International Limited	India		
36	Lucky pharmaceuticals Private Limited	India		
37	Matrix Agro Private Limited	India		
38	Maxivision Laser Centre Private Limited	India		
39	Medics International Lifesciences Limited	India		
40	Medihauxe Healthcare Private Limited	India		
41	Medihauxe International Private Limited	India		
42	Medihauxe Pharma Private Limited	India		
43	Medvarsity Online Limited	India		
44	Meher Distributors Private Limited	India		
45	My City Technology Limited	India		
46	Neelkanth Drugs Private Limited	India		
47	Olive & Twist Hospitality Private Limited	India		
48	P Obul Reddy & Sons	India		
49	Palepu Pharma Private Limited	India		
50	PCR Investments Limited	India		
51	Rajshree Catering Services	India		
52	Reasonable Housing Limited	India		
53	Sahyadri City Management Limited	India		
54	Sanjeevani Pharma Distributors Private Limited	India		
55	Searchlight Health Private Limited	India		
56	Shree Amman Pharma Private Limited	India		
57	Srinivasa Medisales Private Limited	India		
58	Stephan Design And Engineering Limited	India		
59	Together Against Diabetic Foundation Trust	India		
60	Trivitron Healthcare Private Limited	India		
61	Vardhman Pharma Distributors Private Limited	India		
62	Vasu Agencies Hyd Private Limited	India		
63	Vasu Pharma Distributors Hyd Private Limited	India		
64	Vasu Vaccines & Speciality Drugs Private Limited	India		
65	Warasgaon Power Supply Limited.	India		
66	Whistling Thrust Facility Service	India		

* Medics International Life Sciences has become an Subsidiary w.e.f 07th January, 2021

Apollo Medicals Private Limited has ceased to be a subsidiary w.e.f 01st September, 2020.

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
(All amounts are in ₹ million unless otherwise stated)

60.1 Related Party Transactions

Name of the company	Type of Transaction	As at and for the year ended March 31, 2021	As at and for the year ended March 31, 2020
Apollo Gleneagles Hospitals Limited	Investment in Equity	393	393
	Revenue from operations during the year	1,145	1,507
	Reimbursement of expenses during the year	75	42
	Other receivable as at year end	87	74
	Trade receivable as at year end	723	806
	Commitment to contribute funds towards equity	4,100	
Apollo Gleneagles PET-CT Private Limited	Revenue from Operation during the year	3	3
	Reimbursement of expenses during the year	45	17
	Trade receivable as at year end	11	4
Apokos Rehab Private Limited	Investment in equity	85	85
	Revenue from operations during the year		3
	Reimbursement of expenses during the year	19	16
	Rent Expense	10	17
	Receivables as at year end	25	22
Family Health Plan Insurance TPA Limited	TPA Fees	5	11
	Revenue from operations during the year	422	305
	Trade receivable as at year end	273	132
Indraprastha Medical Corporation Limited	Reimbursement of expenses during the year	37	25
	Licence Fee	12	12
	Revenue from operations during the year	1,448	1,911
	Other receivable as at year end	13	18
	Trade receivable as at year end	294	377
Stemcyte India Therapautics Private Limited	Revenue from operations during the year	11	13
	Services availed		-
	Reimbursement of expenses during the year	2	3
	Receivables as at year end	27	8
Apollo Medicals Pvt Limited	Advance Paid	25	
	Investment in Equity	366	
	Receivable at year end	14	
Apollo Amrish Oncology Services Private Limited	Reimbursement of expenses during the year	14	-
	Services availed	23	-
	Revenue from operations during the year	-	-
	Receivables as at year end	96	-
Apollo Pharmacy Limited	Revenue from operations	30,375	-
	Brand License fee	167	-
	Receivable as at period end	4,437	-
Apollo Sindoori Hotels Limited	Food and Beverage expense Incurred during the year	1,328	1,135
	Reimbursement of expenses during the year	32	14
	Services availed	-	43
	Rent Paid	5	4
	Payables as at year end	280	292

Name of the company	Type of Transaction	As at and for the year ended March 31, 2021	As at and for the year ended March 31, 2020
Faber Sindoori Management Services Private Limited	Outsourcing expense of housekeeping incurred during the year	856	1,119
	Reimbursement of expenses during the year	7	11
	Payables as at year end	181	144
Lifetime Wellness Rx International Limited	Outsourcing expense during the year	1	1
	Revenue from operations during the year	7	55
	Interest Income	7	-
	Interest receivable as at period end	11	-
	Reimbursement of expenses during the year	4	16
	Loan receivable	122	148
	Trade receivable as at year end	-5	42
Keimed Private Limited	Purchases during the year	7,181	6,552
	Payables at the year end	555	80
Palepu Pharma Private Limited	Medicine purchases during the year	5,429	5,625
	Payables as at year end	434	83
Medihauxe International Private Limited	Medicine purchases during the year	543	658
	Payables as at year end	76	58
Vardhman Pharma Distributors Private Limited	Medicine purchases during the year	679	70
	Payables as at year end	70	28
Focus Medisales Private Limited	Medicine purchases during the year	-	1
	Payables as at year end	-	-
Srinivasa Medisales Private Limited	Medicine purchases during the year	3,226	3,402
	Payables as at year end	306	131
	Medicine purchases during the year	1,034	1,001
	Payables as at year end	91	77
Lucky pharmaceuticals Private Limited	Medicine purchases during the year	942	1,215
	Payables as at year end	103	119
Neelkanth Drugs Private Limited	Reimbursement of expenses during the year	-	-
	Medicine purchases during the year	2,322	2,097
	Payables as at year end	241	125
Dhruvi Pharma Private Limited	Medicine purchases during the year	1,313	1,328
	Payables as at year end	146	151
Sanjeevani Pharma Distributors Private Limited	Purchases	3,442	3,277
	Payable as at Year end	379	127
Medihauxe Pharma Private Limited	Purchases	227	297
	Payables as at year end	23	13
Medihauxe Healthcare Private Limited	Purchases	121	111
	Reimbursement of expenses during the year	-	-
	Payables as at year end	13	6
Adeline Pharma Private Limited	Purchases	570	584
	Payables as at year end	69	52

Notes to the Standalone financial statements as at and for the year ended March 31, 2021

(All amounts are in ₹ million unless otherwise stated)

Name of the company	Type of Transaction	As at and for the year ended March 31, 2021	As at and for the year ended March 31, 2020
Vasu Agencies Hyderabad Private Limited	Purchases	3,007	2,586
	Payables as at year end	251	160
Vasu Vaccines & Speciality Drugs Private Limited	Purchases	30	49
	Payables as at year end	4	4
Vasu Pharma Distributors Hyd Private Limited	Purchases	7	1
	Payables as at year end	-	-
ATC Pharma Private Limited	Purchases	24	27
	Payable at year end		6
Shree Amman Pharma Private Limited	Purchases	16	11
	Payable at year end	4	2
Apollo Health Resources Limited	Revenue from operations during the year	1	1
	Payable as at year end	(1)	-
P Obul Reddy & Sons	Purchase of furniture and fixtures	9	20
	Trade receivable as at year end	1	-
	Reimbursement of expenses during the year	-	4
	Revenue from operations during the year	-	3
	Receivables as at year end	-	4
Kurnool Hospitals Enterprise Limited	Investment in Equity	2	2
	Revenue from operations during the year	1	1
	Receivables as at year end	1	2
Apollo Hospital Educational Trust	Rent Income	2	4
	Other receivable as at year end	1	8
Apollo Hospitals Education Research Foundation	Reimbursement of expenses during the year	21	22
	Other receivable as at year end	42	52
Medics International Lifesciences Limited*	Interest income		-
	Interest receivable		12
	Reimbursement of expense during the year	15	
	Revenue from operations	18	41
	Receivables as at year end	-	40
* Medics International Life Sciences has become an Subsidiary w.e.f 07th January, 2021			
Apollo Tele Health Services Private Limited	Reimbursement of expenses during the year	12	23
	Revenue	3	5
	Consultancy fee to doctors		-
	Receivables as at year end		4
	Payable as at year end	18	9
Apollo Medskills Limited	Reimbursement of expenses during the year		0
	Interest Income	3	
	Interest receivable as at period end	1	
	Loans given	52	77
	Investigation Income	0	0
	Receivables as at year end	2	5

Name of the company	Type of Transaction	As at and for the year ended March 31, 2021	As at and for the year ended March 31, 2020
Matrix Agro Private Limited	Power charges paid	82	80
	Payables as at year end	19	1
Maxivision Laser Centre Private Limited	Revenue from operations during the year	0	1
	Payables as at year end		0
	Receivables as at year end	1	1
Searchlight Health Private Limited	Repairs & Maintenance	1	1
	Advertisement Charges	35	29
	Health record services	1	1
	Payables as at year end	7	6
Healthnet Global Limited	Call Centre services	15	28
	Pharmacy Expenditure	114	-
	Other receivable as at year end	8	28
Trivitron Healthcare Private Limited	Availing of services		2
	Purchases	3	2
	Annual Maintenance contract		0
	Payables as at year end	(2)	3
Together Against Diabetic Foundation Trust	Revenue from Operations		0
	Receivables as at year end		2
Indian Hospital Corporation Limited	Rent Income	0	0
	Receivables as at year end	0	0
Rajshree Catering Services	Food and Beveages Outsourced	14	13
	Payables as at year end	2	3
Lavasa Corporation Limited	Revenue from Operations		-
	Inter Corporate Deposit Outstanding	97	97
	Interest accrued but not due	103	11
	Interest on Inter Corporate Deposit	5	11
	Security deposit		-
	Rent and Advertisement		0.05
	Receivables as at year end		-
	Payables as at year end		-
Full Spectrum Adventure Limited	Revenue from Operations		-
	Receivables as at year end	0.01	0.01
Bona Sera Hotels Limited	Revenue from Operations		-
	Receivables as at year end	0.10	0.10
Ecomotel Hotel Limited	Revenue from Operations		-
	Payables as at year end	0.03	0.03
	Project and Other Services	-	-
Reasonable Housing Limited	Project and Other Services	-	-
	Advances	-	-
	Payables as at year end	2	2
Whistling Thrust Facility Service	Payables as at year end	1	1

Name of the company	Type of Transaction	As at and for the year ended March 31, 2021	As at and for the year ended March 31, 2020
Cadila Pharmacuticals Limited	Purchase	6	11
	Income from Operations	2	2
	Receivables as at year end	2	2
	Payables as at year end	1	3
Green Channel Travels Services Private Limtied	Services availed	-	11
	Payables as at year end	-	1
IRM Enterprises Private Limited	Services availed	-	0.19
	Rental Income	0.10	0.11
	Payables as at year end	0.15	0.05
Apollo Shine Foundation	Reimbursement of expenses during the year		
	Interest Income	1	
	Interest receivable as at period end	2	
	Loan receivable	5	6
	Pharmacy Income	-	1
	Payables as at year end	5	2
Apollo Institute of Medical Science and Research	Rental Income	12	12
	Power charges paid		-
	Reimbursement of expenses during the year	4	-
	Revenue from Operation during the year (Lab Tests)	-	3
	Other receivable as at year end	31	23
Emedlife Insurance Broking services Limited	Receivables as at year end	-	-
Apollo Teleradiology Private Limited	Services received from	1	0
	Payables as at year end	1	0
PCR Investments Limited	Donations received		-
	Rent Income	0	0
	Receivables as at year end	0	0
Dynavision Limited	Rent	62	72
	Payable at year end	11	6
Olive & Twist Hospitality Private Limited	Outsourcing Expenses	17	17
	Purchase of Property, plant & equipment	36	
	Payable at year end	4	0
Indo - National Limited	Purchases	30	32
	Payables as at year end	11	6
Sahyadri City Management Limited	Payables as at year end	11	11
My City Technology Limited	Payables as at year end	2	2
Warasgaon Power Supply Limited.	Payables as at year end	0	-
Kalpatharu Enterprises	Purchase of goods and services	5	-
	Payable as at period end	1	-

Notes to the Standalone financial statements as at and for the year ended March 31, 2021
(All amounts are in ₹ million unless otherwise stated)

Name of the company	Type of Transaction	As at and for the year ended March 31, 2021	As at and for the year ended March 31, 2020
Frister Foods Pvt Ltd	Purchase of goods and services	15	-
	Payable as at period end	2	-
Stephan Design And Engineering Limited	Purchase of goods and services	10	-
	Payable as at period end	5	-
B. R. Enterprises	Purchase of goods and services	0.11	-
	Payable as at period end	0.24	-
Care Pathology	Outsourcing Expenses	0.00	-
	Payable as at period end	0.03	-
Dr. Prathap C Reddy	Remuneration Paid	57	121
Smt. Preetha Reddy	Remuneration Paid	29	47
Smt. Suneeta Reddy	Remuneration Paid	29	47
Smt. Shobana Kamineni	Remuneration Paid	29	47
Smt. Sangita Reddy	Remuneration Paid	29	47
Shri Krishnan Akhileswaran	Remuneration Paid	23	25
Shri S M Krishnan	Remuneration Paid	7	7
Shri Vinayak Chatterjee	Remuneration paid	2	2
Dr T. Rajgopal	Remuneration paid	2	2
Dr. Murali Doraiswamy	Remuneration paid	2	2
Smt. V. Kavitha Dutt	Remuneration paid	2	1
Shri. MBN Rao	Remuneration paid	3	2
Dr. GSK Velu	Preference Share Capital	14	-
	Unsecured Loan	-	-
	Interest expenses	-	3
Smt. Jugnu Jain	Interest	-	-
	Reimbursement of expenses during the year	-	-
	Outstanding	-	1

61 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 10,11 and 12 to the financial statements.

62 Scheme of Arrangement

62.1 The Board of Directors of the Apollo Health and Lifestyle Limited (AHLL), in its meeting held on August 17, 2018 has given an approval to the "Scheme of arrangement" of the business. Pursuant to the restructuring plan, a new wholly owned subsidiary AHLL Diagnostics Ltd. (ADL) has been formed and the Diagnostics division of AHLL will be sold by way of a slump sale to the newly incorporated Wholly owned subsidiary. AHLL is in the process of obtaining regulatory approval from National Company Law Tribunal for the restructuring plan. Based on the present status, Management is of the opinion that the procedural formalities will take 1 to 1.5 years, for the restructuring plan to be take place. Hence the transaction is not considered for disclosure under Ind AS- 105 – Non-Current Assets held for sale and Discontinued Operations.

63 Intangible assets under development (Internally generated)

Particulars	As at March 31, 2021	As at March 31, 2020
Opening Balance	265	-
Addtions during the year	353	265
Capitalised during the year	(395)	-
Closing balance	223	265

64 Exceptional Item

Particulars	As at March 31, 2021	As at March 31, 2020
Profit on sale of investments (Refer footnote (i))	-	1,983
Impairment of long term investments and advances (Refer footnote (ii))	(45)	-
Gain recognised on Fair valuation of existing interest in carrying value of J oint Venture (Refer footnote (iv))	250	-
Loss of Control purusant to Scheme of Arrangement and Shareholders Agreement (Refer footnote (iii))	354	-
Gain on transfer of division in Assam hospitals Ltd	47	-
Total	606	1,983

(i) During the previous year the Group, after meeting the closing conditions for the sale of investments in an associate, Apollo Munich Health Insurance Company Limited (AMHI) to Housing Development Finance Corporation Limited, in the quarter ended March 31, 2020 has recognised the sale and recorded a profit of ₹1983 Million (net of transaction costs and after considering indemnity related deductions), which has been disclosed under Exceptional Items.

(ii) The Group has impaired carrying value of its investment in associate company amounting to ₹45 million, Stemcyte Therapeutics India Private Limited in view of adverse business conditions.

(iii) The Scheme of Arrangement ('the Scheme') for transfer of front-end retail pharmacy business included in the standalone pharmacy segment ('divestment business') to Apollo Pharmacies Limited ('APL' or 'Transferee Company'), a wholly owned subsidiary of Apollo Medicals Private Limited ('AMPL') for an overall cash consideration of ₹5,278 million was approved by the National Company Law Tribunal vide their Order dated August 3, 2020. The Scheme was effective from September 1, 2020 ('effective date').As per the Scheme, accounting in the books of the Company is given effect as on the effective date considering the transfer of the divestment business with effect from April 1, 2019 ('appointed date').

Pursuant to the Scheme of Arrangement as approved by NCLT read with Shareholders and Share Subscription agreement, with effect from September 1, 2020 ('effective date') the equity interest is reduced to 25.50%.Management has concluded that the AMPL to be an associate with effect from September 1, 2020.

Below is the summary of loss of control in respect of AMPL:

Value of Divestment Business (Net)	5,182
Portion of goodwill allocable to divestment business de-recognised	107
Total Value of net assets	5,289
Fair Value of retained interest (25.50% in AMPL)	365
Consideration Receivable	5,278
Gain on 'Loss of Control of AMPL' recognised in the consolidated Statement of Profit & Loss and presented under Exceptional items	354

(iv) The Group has completed the acquisition of additional 1% stake in Medics International Lifesciences Limited ("Medics") for a cash consideration of ₹40 million on January 7, 2021 ('acquisition date), Medics, an erstwhile joint venture, became a subsidiary of the Group with effect from the said date and the acquisition date fair value of the existing equity interest in Medics compared to its carrying amount resulted in a gain of ₹250 million, which has been included under exceptional items in the Statement of Profit & Loss. Further goodwill of ₹371 million arising on this acquisition has also been recognised in the consolidated financial statements.

Remeasurement of fair value of existing equity interest in Medics:

Particulars	Amount
Carrying value value of equity interest held by the Group immediately before the acquisition date	726
Acquisition date fair value of equity interest held by the Group immediately before the acquisition date	976
Gain on remeasurement recognised in Statement of Profit & Loss and presented under exceptional item	250

The following table presents the summary of fair valuation of net assets acquired from AGHL and valuation of Non-Controlling interest as at the acquisition date:

Description	Amount
Fair Value of Net Assets (as certified by independent valuer)	1,229
Share of NCI in the fair value of Net assts recorded	603

The following table presents the Purchase Price Allocation performed by an independent valuer appointed by the Group for the purpose of recording this business combination in the consolidated financial statements:

Description	Purchase Price allocated
Net Assets* (including DTA of ₹13 million on fair value differential for depreciable assets)	1,243
Goodwill	375
Total Purchase price	1,618

* Net Assets acquired include land, buildings, medical equipment, cash & bank, borrowings from banks, trade payables and deferred tax balances.

65 Subsequent events after the reporting period

65.1 The Board of Directors of the Company at their meeting held on February 13, 2020 approved the proposal for merger of the following wholly owned subsidiary companies with the Company.

a. Apollo Home Healthcare (India) Limited and

b. Western Hospitals Corporation Private Limited

The Group has received approval from Ministry of Corporate affairs (MCA) on June 28, 2021 on the Scheme of Amalgamation of M/s.Western Hospitals Corporation Private Limited and M/s. Apollo Home Healthcare (India) Limited with M/s. Apollo Hospitals Enterprise Limited. The Company earlier has received approval from members and creditors as per Companies Act, 2013. The scheme shall be effective from April 1, 2020.

The Board of Directors of the Company has adopted the financial statements on June 23, 2021. No effect for the Scheme has been given effect to in this financial statements for the year ended March 31, 2021 as this qualifies to be a non-adjusting event where business combination occurred post the date of adoption of financial statements.

65.2 The Group completed the acquisition of an additional 50% stake in Apollo Multi Speciality Hospitals Limited, Kolkata ("AMHL" and formerly Apollo Gleneagles Hospital Limited, Kolkata) during April 2021. As a consequence, AMHL is now a 100% wholly owned subsidiary of the Company. No effect of this acquisition has been given in these financial results since the acquisition was consummated post March 31, 2021

The closing board meeting where the nominees of the Company have been onboard in place of nominees of esrtwhile shareholder and share transfer has been executed on April 22, 2021. Therefore, the company considers this date as the acquisition date from when the Company obtained control and AMHL has become a wholly-owned subsidiary.

Given the recent timing of the transaction and pending completion of the valuations for identifiable net assets acquired and liabilities assumed, at the time these financial statements were authorized for issuance, the initial accounting for the business combination is incomplete. Accordingly, not all relevant disclosures are available for the business combination. The Company will report the purchase price allocation in unaudited financial results for three months ended June 30, 2021.

There are no subsequent events other than as mentioned in note 65.1 and note 65.2

As per our report of even date attached

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : June 23, 2021

For and on behalf of the Board of Directors

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

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