

February 9, 2026

Listing Department, National Stock Exchange of India Limited Exchange Plaza, Bandra-Kurla Complex, Bandra (E), Mumbai - 400 051 NSE Symbol: ARTEMISMED	Listing Department, BSE Limited Phiroze Jeejeebhoy Towers, Dalal Street, Mumbai - 400 001 Scrip Code: 542919
---	---

Sub: Transcript of Earnings Conference Call – Q3 and 9M FY26

Dear Sir/Ma'am,

Pursuant to Regulation 30 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, please find enclosed transcript of Earnings Conference Call held on February 3, 2026, to discuss the operational and financial performance of the Company for Q3 and 9M FY26. The said transcript is also available on the website of the Company at www.artemishospitals.com/investors.

This is for your information and records.

Thanking you,

Yours faithfully,

For Artemis Medicare Services Limited

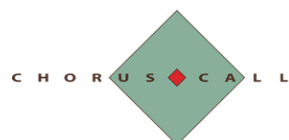
Poonam Makkar
Company Secretary and Compliance Officer

Encl.: As above





**“Artemis Medicare Services Limited
Q3 & 9M FY26 Earnings Conference Call”
February 3, 2026**



**MANAGEMENT: DR. DEVLINA CHAKRAVARTY – MANAGING DIRECTOR
MR. SANJIV KUMAR KOTHARI – CHIEF FINANCIAL
OFFICER
MR. RUDRA NARAYAN – HEAD INVESTOR RELATION
DR. VISHAL ARORA – CHIEF BUSINESS OFFICER**

MODERATOR: MS. DEEPIKA MURARKA – CHOICE EQUITY BROKING

Moderator: Ladies and gentlemen, good day and welcome to the Artemis Medicare Conference call for their Q3 and 9M FY26 Results. As a reminder, all participant lines will be in the listen-only mode and there will be an opportunity for you to ask questions after the presentation concludes. Should you need assistance during the conference call, please signal an operator by pressing star then zero on your touchtone phone. I now hand the conference over to Ms. Deepika Murarka from Choice Equity Broking. Thank you and over to you, ma'am.

Deepika Murarka: Thank you. Good morning all. On behalf of the entire management, I thank all the participants present on the call and I wish you a warm welcome to the earnings conference call of Artemis Medicare Services Limited. To guide us through the results today, we have with us senior management team of Artemis Medicare.

Presented by Dr. Devlina Chakravarty, Managing Director, Mr. Sanjiv Kumar Kothari, CFO, Dr. Vishal Arora, Chief Business Officer and Rudra Narayan, Head IR. Before we begin, please note that this conference call may contain certain forward-looking statements about the company, which are based on the beliefs, opinion and expectations of the company as on the date of this call.

These statements are not a guarantee of future performance and involve certain risks and uncertainties that are difficult to predict. So, we will begin the call with the opening speech by Dr. Devlina Chakravarty, Managing Director. After this, we will open the floor for Q&A. So, with that, I will now hand over the call to Dr. Devlina Chakravarty to share her opening remark. Over to you, ma'am. Thank you.

Devlina Chakravarty: Thank you, Deepika. Good morning, ladies and gentlemen. We are pleased to share our financial operational performance for the quarter. Despite a challenging market environment, Artemis Medicare has managed to maintain a steady growth trajectory. This reflects the strength of our clinical capabilities, ongoing operational improvements and strategic capacity expansions.

I will walk you through the highlights of our financial performance, operational developments and key strategic initiatives for the quarter. For the third quarter, our consolidated revenue from operations stood at INR 272 crores, reflecting a year-on-year growth of 17.2%. This growth was primarily driven by strong performance across our core specialties and improved payer mix.

Our hospitals have recorded strong patient volumes and we have seen an increase in more complex high-value procedures. This is indicative of both the rising demand for specialized healthcare services and growing trust our patients place in Artemis hospitals. Our EBITDA for the quarter was INR 52 crores, with an EBITDA margin of 9.1%, marking a strong improvement compared to the previous year in absolute terms.

This reflects our focus on operational efficiencies and disciplined cost management. The growth in EBITDA was largely driven by increased patient volumes, higher complexity procedures and improved revenue contribution from our international patients. The positive performance across these factors helped us maintain strong numbers. Profit after tax for quarter was INR 22 crores, reflecting a year-on-year growth of 7.9%.

This strong PAT growth demonstrates our ability to scale efficiently while maintaining financial discipline. For nine months FY26, consolidated revenues were INR 802 crores, up 15.1% year-on-year, while EBITDA was at INR 159 crores, with a margin of 19.8%. Net profit nine months FY26 was INR 73 crores, compared to INR 59 crores in nine months of FY25.

Turning to our operational highlights, our flagship facility in Gurugram reported an occupancy rate of 62% during the quarter, reflecting continued strong demand and higher complexity in treatments, particularly with high margins. This compares favourably with the same period last year, highlighting our ability to efficiently manage capacity even as demand for our services continues to rise.

Average revenue per bed for the quarter was INR 84,100, showing an increase of 10% from the same quarter last year. This growth in ARPOB reflects an improved case mix with a higher proportion of complex and high-value procedures. The increase in ARPOB also mirrors the enhanced payer mix with a higher share of patients opting for premium healthcare.

Our international patients revenue grew by 34.9%, contributing to 34% of our total revenues. This growth is testament to our position as a leader in medical tourism segment. We have seen increasing number of patients from overseas, especially from countries in the Middle East, Africa, CIS. Each year, we add to the number, and as we speak, we are catering to 52 international countries through medical tourism.

Our global brand recognition has also contributed to this growth. Additionally, we continued our focus on expanding and enhancing our infrastructure. This aligns with our long-term goal to increase our capacity to 2,000 beds plus in coming years, which includes state-of-the-art facilities that will further strengthen our service offerings, especially in the areas of cardiac care, oncology, and organ transplant.

Strategic initiatives and expansions. We are looking at our commitment to geographic diversification. We are on track with the commissioning of our new 300-bed super specialty hospital in Raipur, which is expected to begin operations from April-May 2026. This facility will enhance our presence in Central India and enable us to serve a growing patient base in this region.

Raipur is today becoming a hotbed for tertiary and quaternary care for all healthcare providers in India. Our Raipur facility will be equipped with the latest medical technologies and will offer a comprehensive range of specialized services. Furthermore, we are on track with our plans for the 650-plus-bed super specialty hospital in South Delhi.

This is a significant milestone in our strategy to expand our footprint in key metropolitan areas and tap into growing demands for high-quality healthcare services. Hopefully, we should be in a position to soon announce the South Delhi facility, the timelines of which has been already announced in our board meeting yesterday.

The binding MOU for this facility, as you are aware has been signed and we are expecting to sign the definitive management services contract before the end of this financial year. Our

ongoing investment in digital transformation continues to improve both patient care and operational efficiency.

This quarter, we made significant improvement in implementing AI-assisted triage systems across our facilities. These systems are designed to enhance patient experience by reducing wait times and ensuring that patients recover and receive prompt attention based on their severity of illness.

This technology is already showing positive results in improving patient flow and operational productivity. As a part of our commitment to sustainability, we received a platinum green building certification during this quarter. This certification entitles us to a 15% increase in our FAR, allowing us to add 100 to 125 more beds to our Gurugram facility at no extra cost.

This expansion is going to be very important for further enhancing our capacity in our flagship hospital. Now, looking ahead, I would like to emphasize to all of you, this coming financial year is going to be a very exciting time for all of us. We are looking to increase our bed capacity from our existing 700 to 800 that we have today to 2,000 to 2,300 by 2029.

Our announced projects, which are Raipur and South Delhi, VIMHANS with 650 beds are on track. And we will come back to you with details of the capex, return of investment, so on and so forth. Having said that, as you are aware from our board meeting outcome, the board yesterday has agreed to a fundraise of INR 700 crores.

This INR 700 crores will be deployed to certain new hospitals which are in our funnel. And a part would also go for organic expansion of Artemis Gurgaon and adding extra beds to our VIMHANS capacity. These details, we will come back with the fund deployment once we are in the right time and right stage to do so.

But all I can say is that this is a momentous kind of a moment for us, where Artemis will move from 700, 800 beds to close to 2,300 beds by 2029. So, the board has okayed the plan and apart from the announced projects post around the time of fundraising, we will come back to you with details of our new projects.

So, with this, I open the floor for any questions regarding our current results, our future strategic plan. All I can assure you is that we are in a new phase of growth, which you are going to see for the first time, which is beyond organic for Artemis Healthcare. We being a quaternary healthcare, a JCI NABH accredited hospital, this shift in our expansion is going to create a big shift in the healthcare scenario of Delhi NCR in the years to come. So, with that, I will open the floor to questions from all of you.

Moderator:

Thank you very much. We will now begin the question-and-answer session. The first question comes from the line of Himanshu Binani with Anand Rathi. Please go ahead.

Himanshu Binani:

Hi, ma'am. Thank you for taking my questions and congratulations for a decent set of numbers in a seasonally likely quarter. So, my first question is largely on the capex side. So, what we have seen in the recent past is that the India-Europe FTA is largely done and now with the US statics also which has like substantially reduced. So how do we see the cost in terms of the

equipment's which you have been like importing? So, because the duties have like technically been reduced to me now. So how do we see that cost savings basically for us going forward?

Devlina Chakravarty:

Yes, so it is a very pertinent question Himanshu and I mean we have to see when does this actually come into effect to be very candid. But having said that, it's a great move for the healthcare industry, not only have the duties been reduced in the medical equipment's that we import which is going to hugely help save our capex cost.

Duties have also been removed from some of the 17 life-saving cancer and other immunological drugs which is widely used by all hospitals. So, it is a great news for all of us in terms of containing the cost of healthcare which has been an ongoing exercise for all of us and with the new shift in policy we are very gung-ho about this change.

Himanshu Binani:

And ma'am with respect to the recent union budget also where the finance minister has emphasized on the medical value tourism basically in partnership with the private players. So, anything which you guys hear basically from the ministries, so any light on that would be like really helpful?

Devlina Chakravarty:

So that is something we are really playing to the gallery when it comes to medical value travel. As you are aware 30% to 33% of our revenues are from international and let me tell you we choose this. It's not that we do not have domestic patients to cover this, but we choose to do that percentage of revenue through international because they are high-end cases, they are high-profit cases.

So, we choose to do that and today as we speak, we have over 50 countries from where patients are coming to us. Now with the government support and the PMO's initiative of treat in India and treat by India and with people like me being part of FICCI and CII which is moving this medical value travel to the next level. You are going to constantly see a lot of inflow, a lot of change.

Just to give you an example we had proposed that for medical tourism, medical visas should used to be more expensive than tourist visas. So, we had told them that they should be as cheap as tourist visa if not cheaper. That thing has already been implemented. We had asked for a turnaround time of 7 days to 10 days for a medical visa that has happened.

Today missions identified by us through FICCI and CII are we are doing continuous road shows to talk about our medical tourism piece in India. If you look at there is a government managed alphabetically named hospitals for medical tourism where the basic qualification is you at least have to be an NABH.

So, where medical tourists can directly log in and then get in touch with the respective hospitals. A lot and lot of focus. So today Himanshu let me tell you we are 7th or 8th out of 10 in terms of volumes, in terms of medical tourists and the PMO ministry of commerce their thrust is to get us to the top three sooner than later because they are seeing this as a low-hanging fruit and the technology, the expertise available in India is at par with United States. They are handpicking hospitals who have that wherewithal to provide that level of technology and promoting them through various missions. So, this is a great moment for all of us in the NVT space.

- Himanshu Binani:** You got it ma'am. That was like really helpful ma'am. I have few more questions. I will join back in the queue. Thank you.
- Moderator:** Thank you. The next question comes from the line of Raman KV with sequent investments. Please go ahead.
- Raman KV:** Yes. Excuse me if I'm wrong but I'm fairly new to the company. I just want to understand what's the capex for the 300 beds in Raipur and can you provide any funding details with respect to it like how much is debt, how much is equity?
- Devlina Chakravarty:** So, our capex for Raipur is all done and it is at INR 100 crores for 300 beds. As you are aware it's a long-term lease deed where the P&L is with us and the land and the hospital is built by the our partners for which they will get a fixed rental and revenue share and the capex is INR 100 crores which is a mix of accrual and the IFC fund which is lying with us.
- So, – INR 100 crores for 300 beds I think it's a good number in terms of cost per bed and we are looking at high kind of efficiency and margins in this centre.
- Raman KV:** And my assumption is you will be able to operate this in the first quarter of FY27. So initially for the full year how much average revenue per bed are you expecting and how are you planning to ramp up this over the period of next two three years?
- Devlina Chakravarty:** So, we are expecting an ARPOB of INR 30,000 to INR 35,000 to start which is a very doable revenue and let me just in order to fill you in, tell you that Raipur does not have the level of quaternary care that we are bringing in. Having said that there are hospitals like here Narayana and others I mean I'm just naming a few because you could be aware of it.
- But the type of infrastructure the type of services that we are providing will be the first of its kind and from 30 to 35 we will be ramping up to 40, 45, 50, 55 as we move on. So that's the plan and we are asked yes to start in the first quarter of the next financial year.
- Raman KV:** Understood ma'am and my second question is with respect to the fund raise plan you mentioned that you are planning to raise INR 700 crores how much of this will be out of this will be raised by the promoter group like how much are promoter planning to infuse into the company?
- Rudra Narayan:** Promoter doesn't plan to infuse anything it would be in a form of QIP nothing of warrant sort of thing it would be a mix of either QIP or preferential basis.
- Raman KV:** Okay understood ma'am and my last question is you mentioned that your international patient revenue grew by 34.9% for the quarter can I have all the volume figures for the quarter with respect to international patients?
- Devlina Chakravarty:** So volume is INR 89 crores.
- Raman KV:** INR 89 crores and how much was the growth in terms of volume?
- Sanjiv Kumar Kothari:** In terms of volume on a year-on-year basis it is a 35% growth.

Raman KV: 25% volume growth and 35% revenue growth.

Devlina Chakravarty: Yes.

Raman KV: Understood, thank you.

Devlina Chakravarty: You can get in touch with our CFO and Rudra for further details on these numbers because sometimes these numbers are not readily available with me as I'm speaking, yes?

Moderator: The next question comes from the line of Shanskar with Eraya Capital.

Shanskar: So, I have a few questions first regarding the Raipur facility. Last quarter it was a timeline that we would get started by March 2026 and now I think in April, May. I understand it's only a couple of months but I wanted to understand if there is any structural reason behind the delay and can we expect any further delay?

Devlina Chakravarty: Actually, it was end of March beginning of April. Now we are saying end of April beginning of May. It's a one month here and there and the basic reason is some of the equipment installation like for instance you know we had a PET scanner which we had to get in and it took a little bit longer than expected. So, for us the project is on time the compliance is all there, the certificates are all done. So, what we were saying end of March beginning of April is now end of April beginning of May.

Shanskar: Understood but there can be no further delays from that?

Devlina Chakravarty: No there won't be, in fact I don't know whether I think you we have not sent but we have pictures of the site which I think you would have seen on the presentation. So, we are actually done and today in fact, before taking the call I took a confirmation from our partner Dr. Aggarwal and he said that you know, it probably would be sooner than later that's what he has confirmed.

Shanskar: Yeah understood. Second on the fundraise part I understand that you said that you would share more details later but if you can just give a broad perspective of like how will we be utilizing the funds and like how much?

Devlina Chakravarty: Yeah, I'll give you a very macro view on this and the later once we have more handle on it Rudra and Sanjeev will tell you the details. So INR 700 crores through a mixture of QIP and preferential and is what we are going to raise. And a large part of this fund is going for our inorganic expansion. So, first is if you had looked at the ones which are announced so VIMHANS was announced for 400 beds.

So now we have seen the VIMHANS can go up to 650 to 700 beds so the part of the fund will go for that additional beds and then there are a couple of very good green and brown field projects in the pipeline. And this fund would then go to kind of fund those new projects.

The organic growth in the hospital or maybe another additional 200 or maybe 300 beds for which we have either got the FAR or we are in a position to buy the FAR we could be using our internal accrual and debts for the same. So, what I'm trying to say is INR 700 crores will predominantly

go for new projects, a part of it could possibly be used for our organic growth but that we will see how the new projects span out over a period of time.

Shanskar:

So, by new project you mean the South Delhi one that is the only one?

Devlina Chakravarty:

No, no I'm saying there are there's a South Delhi one which is announced which is the VIMHANS, the Raipur one which is already announced but as we speak, we have in our funnel a brownfield and a greenfield which is very strong. And we are in the process of looking at it so the INR 700 crores will go towards these two additional projects which we are kind of trying to finalize.

Shanskar:

Now I understood that there are two projects on South Delhi and Raipur but what you are saying that you have additional projects in your funnel around greenfield so those are in addition to the South Delhi and Raipur is that correct?

Devlina Chakravarty:

That's right. Shanskar if you understand what we are trying to say is today we are around 750 beds. We are looking to grow to 2,100 to 2,300 beds by 2029 right so from 700 beds which is our Gurgaon facility we might move on to 950 or 1,000 beds here okay. And we are adding 200 more beds in our VIMHANS facility which was initially supposed to be 450 which is going up to 650 beds.

Now the balance beds to move up to 2,100 to 2,300 is a combination of green and brownfield projects which we are looking at. And that the fundraise is going to fund this balance bed to give you a macro picture, we will come up with further details once we are closer to finalization, which should happen sooner than later.

Shanskar:

Understood and can you share details around how much capex per bed will do we estimate for the South Delhi or will you share that later?

Devlina Chakravarty:

South Delhi, before the end of this financial year we are going to be signing our management contract. And to give you a ballpark figure but details will come back later. Cost per bed would be in the range of INR 75 to INR 80 lakhs per bed which is actually a field today in South Delhi where cost of beds is northward of INR 1.75 crores to INR 2 crores.

Shanskar:

Understood that is including that we are constructing the building from ground up?

Devlina Chakravarty:

Yes because the land is a trust land. And it's you know, so you do not have to pay for that land. You are basically paying a revenue share to the trust as we move forward.

Shanskar:

Understood and this additional greenfield and brownfield that you are mentioning on top of the current pipeline when can you share the details of the like?

Devlina Chakravarty:

So, we should be able to share the details in the end of first quarter of 2027 means by June 2026.

Shanskar:

By June 2026?

Devlina Chakravarty:

June of this year. Yeah, by June of this year because hopefully by then our fundraise activity should be nearing to a close and those all the disclosures will be made around that time.

- Shanskar:** Got it and this fundraise can we expect from the same current institution only or there is no clarity on this?
- Rudra Narayan:** Shanskar just to give you a brief this is a INR 700 crores that we are expecting so for a QIP of INR 700 crores at least five investors has to be there. Above INR 250 crores there has to be five institutional investors. So, the base would be over and above this.
- Shanskar:** Okay. Understood. Got it. So, I have a few couple of last questions around the operational side. So, in the last quarter, I remember you said that we are expected to reach the occupancy to 70% in the current facility. So, any timeline on that? When would that happen?
- Devlina Chakravarty:** So yes. Here I will highlight two things that, yes, we are at 62-63. By the end of this financial year, or the beginning of the next financial year, we should be hovering around 68%-70% is one thing. So, you are going to see a lot of cost dissipation. Some of you might have that question in mind, that while our revenue top line has moved very significantly.
- The margins could have been better. And I am fully aware and we are looking at that, because today let me tell you, we have a lot of cost which is sitting on with us, which includes, number one is the cost of the new towers. And because you see the overall occupancy is 62% and we will be touching around 68%-70% by the end of this financial year. So that cost is going to spread out.
- The second is, some of the cost of our new facility which is in Raipur is also sitting with us currently. The people who are getting the project off the ground is also sitting with us. So that will kind of ease out once the Raipur starts by end of April, beginning of May. That is the second piece.
- The third is, we have started some very high-end quaternary departments like heart-lung transplants, then high-end robotics and so on. So that's an expensive manpower cost, which we are seeing a good response and the numbers of these cases are going to ramp up in the months to come. And again, efficiencies in the cost are going to come in from there.
- So, even if you do not have a question or if you have a question in your mind and you are not asking, it is something at a management level. I and my team have looked at. And we know that this is going to show much better margins and much better EBITDA's as we move forward. So, this is just a comment from my side because this is something we know and it is sitting with us and it is going to ease out as we move ahead. Yes.
- Shanskar:** So, in a way, you are saying going forward, can we expect both occupancy improvement as well as margin improvement?
- Devlina Chakravarty:** 100%. Both. That's the whole idea. Absolutely.
- Shanskar:** Understood. Lastly, on the government-payer mix, just wanted to understand, are we taking any efforts to bring it down or do we expect to maintain a similar?

- Devlina Chakravarty:** We are making a very strong effort to bring it down. And definitely not to increase it, the percentage. So, you are going to see, maybe in our next quarter results, improvement in our EBITDA's. So, we are ready to kind of let go of some of the very low-ticket government business. We have taken a decision and you will see the impact in the next quarter.
- Shanskar:** Understood. And again, just on the occupancy part. If you can add, what are the key reasons behind like a bit lower occupancy like are we holding on the beds?
- Devlina Chakravarty:** No, the low occupancy because we have been constantly opening, what we did was for Tower 2 and for Tower 3. Both the towers were ready. But the floors we kept opening over a period of time. So, what is happening is, as we increase the number of beds, so the percentage occupancy is hovering around this. So now we have opened all the beds. And now we are hoping the occupancy to move up from 62% to the next level and we are confident it will happen.
- Shanskar:** So, are there any current beds still in Pipeline that are remaining open or as you can see, operational beds are 544?
- Devlina Chakravarty:** So, all of them are open on 31st of December and that's what you are asking, right.
- Shanskar:** Yeah, like a census bed is 600 and operational beds are 544 and total bed capacity is 700. So, I am just wanting to understand would we be increasing any number of operational beds or are we at full capacity?
- Devlina Chakravarty:** No, no. Once we reach 70% consistently for 3 to 4 months, then we might increase 100 to 200 more beds which is already available with us because we have got a 15% extra FAR that I mentioned in my speech.
- Moderator:** The next question comes from the line of Sumit Gupta with Antique Stock Broking.
- Sumit Gupta:** Three questions. First is on the hospital side. So, with this, the government is focused on improving the medical tourism in the country. And second with the CGHS style guide which was done like in previous quarters. So how much ARPOB pay that you expect over the next one to two years?
- Devlina Chakravarty:** So, we are going to maintain the increase in the ARPOB trend the way we have managed. 4% to 6% year-on-year, because we are not only increasing our medical value travel. But we are also changing our services mix, adding new services which are more high end. So, we look at in that range what we have been delivering so far. We look in the same range on a year-on-year basis.
- Sumit Gupta:** Okay. Because this quarter it was around 10% and if you see nine months it was around 8%.
- Devlina Chakravarty:** So, I would say for a long-term sustenance, a 6% year-on-year is doable. And anything more than that we will try and surprise you with.
- Sumit Gupta:** Okay. And one more question on Daffodils and Cardiac Care. Like we have seen subdued performance in both the segments, largely in Daffodils. So, what is the main reason which is going for Daffodils and Cardiac Care?

- Devlina Chakravarty:** So basically, there are two reasons. One is, I mean the centres are doing well. The losses are almost gone. But the problem is we were, these centres were primarily created to provide healthcare at a 20% to 25% cheaper than the main hospital. But the mindset of people in some of these regions, they still prefer to come to a hospital. So, these guys continue to come to us. But so while we will continue with this model, but on a slower push. And our push has been mainly for like now you see the tertiary and the quaternary care hospitals that we have spoken about.
- Sumit Gupta:** So, let's say, for Cardiac Care, do you plan to increase it more or do you plan it to basically gain more traction with keeping the existing centre count same?
- Devlina Chakravarty:** No, currently we are only trying to increase realization. We are trying to change the patient mix. We are trying to get more cash and TPA. So that's our primary focus and not adding centres because, you know, these Cardiac Care, a lot of empanel patients were coming. So, my first thing is to change the mix to more of TPA and cash before we start adding new centres.
- Sumit Gupta:** Because the concern is that these centres should act as a hub to the main hospital, right? And largely like the bank or the bank recall should improve. However, this particular segment is not performing well, even after closing the centre and gaining traction.
- Devlina Chakravarty:** Actually, Sumit, that hub-and-spoke concept has become, because if you see, most of the centres are, you know, this is like some of our competitors have a diagnostic stand-alone business. Similarly, cardiac care business. Some of our competitors have cancer care stand-alone business.
- So, these were not basically a hub-and-spoke model because single specialties, you know, apart from sending for a cardiac surgery, which is also by and large rare. And secondly, if you see the locations of our cardiac care, it was basically in Tier 2 and Tier 3 cities catered to the needs of heart issues, which is not available there.
- So yes, definitely some awareness, definitely some referrals coming from these places, but they were not designed to be only a hub-and-spoke model, but they were designed to become a separate business model, like a single specialty separate business model, like, you know, a lot of our competitors have in different areas.
- So, but what we were looking at is the patient mix. Patient mix of more empanel than cash and TPA. So, what, only those people are wanting to come to a stand-alone. The rest prefer to probably go to a hospital. So, we are trying to change that. And we are trying to change that, the payer mix, before we add to the number of centres.
- Sumit Gupta:** Okay. And what is the core reason for Daffodils and Lite not getting traction? Because like this quarter, it was around 37% decline on a year-on-year basis and even 33% decline on quarterly basis. So how should we see this business model?
- Devlina Chakravarty:** No, so the Daffodils, see what we have done is as a business decision, not 37% less. What had happened is in the Daffodil Gurgaon, we have incorporated it in our new tower as a stand-alone Daffodil, but it comes in the Artemis stand-alone Gurgaon numbers.

Because so if you look at Daffodils, which were happening earlier, so this is being reflected in the Gurgaon piece, because duplication we realized and people still wanting to come to the hospital, so we pulled it in. And we, so the numbers have not decreased, but what you are seeing it is in Gurgaon, not in the Daffodils and Lite numbers.

Sumit Gupta:

Understood, understood. So, what will be the like-for-like growth for this centre?

Rudra Narayan:

So, Jaipur we have closed, Sumit. So, rest, rest we have clubbed it over here. So, if we, if we have to see from the, from the East of Kailash, which is the one daffodils to the other, what was from the previous year, it would be close to a 12% hike on a year-on-year basis.

Sumit Gupta:

Just one question. Just one question. So basically, on the breakeven part for Daffodils, you are expecting it to get breakeven in second half, which is how, like shall we expect this to breakeven 4Q or is it expected to go to FY27?

Devlina Chakravarty:

By the end of this financial year.

Moderator:

Thank you. The next question comes from the line of Jaiprakash Toshniwal with LIC Mutual Funds. Please go ahead.

Jaiprakash Toshniwal:

Hi, ma'am. Good morning. Just one thing to understand, on the fundraise part to understand. So, two things. One is this would lead to considering the current IFC NCDs, which will get converted in equity, that and this one will lead to a higher dilution.

Devlina Chakravarty:

The CCD has been already converted and today our Promoters is at 58.3% shareholding after conversion. And even after the fundraise, he is going to maintain his majority, that is what we have done and we will come back to you with the details. So, he will be up of 50% even the post-fundraise. So that we are going to be 100% maintaining his majority in the whole piece.

Jaiprakash Toshniwal:

Interesting. And secondly, when we have now a reasonable amount of cash flows, let's say potential INR 200 crores cash flows every year for the next 2-3 years, considering this INR 700 crores plus this amount, this becomes a very large amount. Do we need actually this kind of amount fund to raise to actually dilute equity earnings?

Devlina Chakravarty:

So, Jayaprakash, what you are going to see is, of course we have a lot of headroom for debt also. In the next 5-7 years, you will see close to an investment of INR 1,800-INR 1,900 crores. So, part of it will be through the fundraise, balance will be through internal accruals and through debt.

And also, because some of the projects we are looking at, like you know in Delhi, these are basically trust lands. So, these trust lands, they need a deposit before we start and we cannot use a debt for the deposits, right? So that is the reason we are looking at equity, of course debt is part of it and our internal accruals.

Jaiprakash Toshniwal:

Okay, just last question from my side. When we start doing like the South Delhi project which we are doing on a trust land, how much time it takes, let's say, to execute these things and get the things running?

- Devlina Chakravarty:** 2.5 years is what we are looking at. So, we are saying 2029 is when Artemis moves from today's 700 beds to almost 2,100-2,300 beds, all projects included.
- Devlina Chakravarty:** We have announced, we have announced, we will come back to show our, to tell you about our fund deployment because there is a funnel and we are in the process of finalizing that. So, to give you a ballpark, by 2029 we will move to 2,000 plus beds as per our commitment to our shareholders from a 700-750 beds today.
- Jaiprakash Toshniwal:** Okay, so when we are raising this fund, like the INR 700 crores in the next 1-year, there will be drag on equity at least for the next 2-3 years, so to say?
- Devlina Chakravarty:** Yes.
- Moderator:** Thank you. The next question comes from the line of Aadesh Gosalia with Spark Capital. Please go ahead.
- Aadesh Gosalia:** Thank you so much for the opportunity. I had a couple of questions. So, first one, I'm continuing with the previous participant's question regarding the operational beds. So right now, we are operating around 544 beds since the last 2-3 quarters, right? And we have a census of 600 and capacity of 700. So, are we looking, how are we looking at it?
- Like you're inching up around what, let's say 10, 20, 30 beds each year or this we are planning to keep stable and when we expand our Gurugram facility at that time, the operational beds will go up. How are we looking at it?
- Devlina Chakravarty:** So, what we are looking at is, pertinent question, Aadesh. We are looking at a 70% constant occupancy for a quarter before we move the 545 or a 600 or 700 to the next level. Again, it will be in this ratio of IPD beds, non-census beds and this.
- So, we would like to add another 200 to 300 beds in a phased manner, taking the bed strength overall, the 700 to 1,000 and increasing the inpatients, increasing the non-census and the overall kind of beds. Once we reach a constant occupancy of 70% for a quarter. So, this is for the organic growth and the inorganic, we have told you, two hospitals already been announced on track.
- The first one, end of April, beginning of May, should be operational, 2026. The second one, we will come back to you, definitely before the end of this financial year, the South Delhi facility, which will become operational in 2029. And a couple of more green and brownfield projects, which are in the pipeline, for which we have requested the fund raise.
- Aadesh Gosalia:** So, when we say around 800 to 900 beds, so those are like operational beds or that will be the census beds that we are looking for?
- Devlina Chakravarty:** Operational beds.
- Aadesh Gosalia:** Okay. Got it. And the next part that we are looking at the current fund raise and you are talking about the funnel that we have regarding the opportunities. So, we are concentrating in the Northern part of the country or we are planning to, you know, go towards Western and Southern part or anything. If you can share some light on that?

Devlina Chakravarty: Delhi NCR.

Aadesh Gosalia: Okay. We'll continue to focus on Delhi NCR region?

Devlina Chakravarty: That's right. Yes.

Aadesh Gosalia: And, okay. So, but, and previously in the conversation that we had, that we had guided for around a peak debt of around INR 350 crores to INR 400-odd crores. But now this new fund raising is coming up. So, is there any change in that or like the debt level will be reduced or?

Devlina Chakravarty: It will be further reduced. The maximum debt we will be at any point will be less than INR 300, INR 250 to INR 280 crores.

Aadesh Gosalia: Okay. So, the debt on the books will be coming down to INR 250 to INR 280 crores levels? Okay. That's fair. And the employee cost that we have seen going higher in this quarter. So, should this be sustainable? Like this will be something that will be going ahead?

Devlina Chakravarty: I don't know whether you heard me or not. Employee cost, there's been a peak. This is going to be now maintained because we are active. The top line is going to increase because we are at 62%. We are going to look at 68% to 70% occupancy.

And we are also going to look at spreading of the cost. And some of the cost which is housed with us for the Raipur facility is then going to start getting allocated to Raipur. Because all the project team, the operation team are already in place. But today the cost is being reflected in our manpower cost.

Aadesh Gosalia: Okay, okay. Got it. But this will be the peak level that we will, see? Around INR 40 crores, INR 45 crores?

Devlina Chakravarty: There will be an annual appraisal impact of 4 to 5%.

Aadesh Gosalia: Yeah, that's understood.

Devlina Chakravarty: But the peak that you have seen is not going to. This is like a one time. And then things are going to ease out. Yeah.

Aadesh Gosalia: Okay. Got it. I do have some get back in the queue and thank you so much.

Devlina Chakravarty: Thank you. Thank you.

Moderator: Thank you. The next question comes from the line of Yogansh Jeswani with Mittal Analytics. Please go ahead.

Yogansh Jeswani: Thanks for the opportunity, ma'am. Most of the questions have been answered. Just one clarification or more insights on the Gurugram facility. You mentioned that the FAR has been received for 15%.

And there's another FAR that we look to purchase of 2.5. So, any broad timelines that you have in mind? I know you said 70% once we reach occupancy. But a broader timeline, by when do you think such numbers would be achieved? And what kind of capex will this require? Any broad number, ballpark figure that you can share?

Devlina Chakravarty: You know, for the Gurugram facility to go up to 1,000 beds, again, we'll be adding like hundreds or maybe depending on the need. So, we'll be a year, year and a half for us to go to 1,000 beds. Capex is going to be very minimal like how you saw the capex here because most of the things are already bought. So, I would say in the range of hard to predict 1-year down the line, but around 60, 65 lakhs per bed is what I would say.

Yogansh Jeswani: Got it. And on the Raipur side, once we start the facility in April, May, by when do we expect to see breakeven in this?

Devlina Chakravarty: Yeah, 18 to 24 months.

Yogansh Jeswani: Got it.

Moderator: The next question comes from the of Vedant Nilekar with ICICI Securities. Please go ahead.

Vedant Nilekar Thank you for the opportunity. I'm fairly new to the company, and I just have one question. Can the management please bifurcate the international patient revenue in terms of broader geographic area, if that's possible?

Devlina Chakravarty: From where these main patients are coming is what you're talking about. So they are basically from the UAE, Africa. They come from CIS. They are now coming in from Scandinavia, Canada, and, of course, multiple other small countries scattered all over.

Vedant Nilekar And just to follow-up on this, does this change on a periodic basis, this pattern, or it's broadly the same?

Devlina Chakravarty: No. What happens is these numbers increase, and we keep adding new countries so that we are not dependent on one region or one country. So, the numbers keep increasing, but every year we make an active effort to open at least two, if not three new countries to the list.

Vedant Nilekar Okay, got it. Thank you so much.

Moderator: Thank you. The next question comes from the line of Ritika Khandelwal with Perpetuity Ventures. Please go ahead.

Ritika Khandelwal: Hi. Can you also give us an update on the other things that you have launched, like geriatrics, and what kind of investments you are making in these areas?

Devlina Chakravarty: So basically, these are facilities. They're not much. So, we have started heart-lung transplants. We have relaunched high-end robotic surgeries, and we have done geriatrics. So, investment is nothing really except the cost of doctors here, which is what you see in the manpower cost. So, because this was the exit, you know, as we were increasing our beds and towers and infrastructure, so that is included in that cost only.

But what is today striking out is the cost of manpower in this. But if you look at it, ticket size of a heart-lung transplant goes anywhere between INR 35 to INR 55 lakhs for domestic and more for international. So just to give you an idea, and geriatric packages are packages which are sold in the range of INR 5 to INR 7 lakhs, an annual package.

So basically, what we are trying to say is these are low investment, high profitability departments, which over a period of time, it doesn't happen overnight. But over a period of time, it shows results. And initially you will see only the cost of manpower, but there is not too much of investment.

Like robotics, we already have the Da Vinci robot. We have a couple of other robots. But we launched high-end robotic surgeries or, you know, people who are trained in that. So, if you look at it and you can talk separately to Rudra, you will see the jump in our robotic surgeries, you know, once we have launched this. And for the effect to come, you'll have to give us, you know, a few quarters to see how this is impacting our P&L.

Ritika Khandelwal: Thank you.

Devlina Chakravarty: So, to answer your question simply, the investment is only the manpower cost, nothing else.

Moderator: Thank you. The next question comes from the line of Henil Bagadia with Equicorp. Please go ahead.

Henil Bagadia: Thank you for the opportunity, ma'am. And congratulations to the team too. Ma'am, just some quick questions. Ma'am, the investments that we've been doing on the heart and lung transplant and the geriatrics part, how scalable can the revenues be? And how is the heart and lung transplant with the KIM's actually going on in terms of volumes per patients. And how big can this be? Because KIM's is actually in the South, I think, so north is where we actually plan.

Devlina Chakravarty: Yes, yes. So, you know, Henil, very important. Today, it's not just volumes. So, we have done the first two transplants, and people have gone back happy. We have done it within almost two months of starting the program. We have a long waiting list of patients wanting it.

But, you know, it has to be a cadaver donation, and we are working very actively for people to donate who are brain dead, not just in our country, but in North India. We are starting, we are doing a program. But very importantly, you'll have to understand, it also adds to the capability of a hospital in terms of what they provide the expertise, you know.

Today, hospitals are not just about, having beds or top and bottom line, which is, of course, very, very important. But a long-term sustainability of hospitals will also rely on your capabilities, especially with medical value travel becoming a key player from the PMO as a soft power coming into our country. So, whom do people choose to go into.

I can promise you, there are only a handful of hospitals who do medical value travel, and this is based on the capabilities that you sign contracts with your governments, what all you do, so on and so forth. So, while it will definitely add to the numbers and volumes, what it will also do is give you a positioning statement that you are capable of delivering the last smile to every patient.

- Henil Bagadia:** Okay. I'm also in the cardiac centre front; we did plan to buy Philips residual steak. So, any progress there? Have we bought it or are there talks of Philips?
- Devlina Chakravarty:** So, we are, no, so the offer is there from Philips, and we are debating the pros and cons of it. And we'll come back to you once we have a clear decision. Ideally, my view is currently that, you know, so we are just looking at it. What will it imply on a long-term game? But we will come back to you with more details on this.
- Henil Bagadia:** Ma'am, and lastly, on the hospitals, on the O&M hospital side, we have an O&M contract in Mauritius. So, we also have had plans to expand into another facility that the same hospital has set up. So, any progress there? And any more O&M hospitals in pipeline, either in international geographies or in India?
- Devlina Chakravarty:** Yes. So, we have already said by May, the Cascavelle Hospital in Mauritius, we have already signed it. It should get operational. But, you know, we get a fee for our brand and fee for our support. So, we do not run the P&L there. For Mauritius, we are paid monthly loyalty for our name and our expertise that we provide.
- Henil Bagadia:** Okay. Ma'am, actually, what I meant here was, we get a lot of international references here, and we can get the patients without having to pay any fee or any commission to the agent.
- Devlina Chakravarty:** So, something on that side. That we have already, you know, we have one of the exclusivity. I think we and Apollo are the only ones who have the exclusivity with Ministry of Health of Mauritius for treating their patients abroad.
- And we get a lot of patients from the ministry. And we are also, as we speak, we have started our own information centre and second opinion centres in our own hospitals there for those cases which cannot be done in our local hospitals in Mauritius. They come to us for treatment here. So that's an ongoing thing.
- Henil Bagadia:** Okay. Thank you. Thanks a lot, ma'am. I wish you all the best.
- Moderator:** The next question comes from the line of Raman KV with Sequent Investments. Please go ahead.
- Raman KV:** Yes, So, I just want to understand the future plans with respect to the new hospitals. You said with respect to the Gurgaon Hospital, we have 15% FAR approval, which in the presentation mentioned you can expand more 100 beds. What will be the capex cost for these? And one is on that aspect. And if you can provide some more details on the South Delhi Hospital, if possible. Like you plan to have 600 plus beds in South Delhi.
- Devlina Chakravarty:** The capex cost for these 125 beds is going to be in the range of INR 40 to INR 50 lakhs because the plinth is already made. We just have to add these floors and the beds, so not more than that. And for the South Delhi Hospital, that's a very exciting story for us. We are looking to start construction by end of April, beginning of May that is the next financial year.
- We are looking at 2 1/2 years to finish the construction. It is a state-of-the-art quaternary care hospital with 650 beds in two phases, starting with 400, then 450, and then going on to 200 more.

A facility which will have from, you know, all kinds of transplants, then heart and lung surgeries, oncology, radiotherapy, PET-CT, and everything that you can think of in a quaternary care hospital.

And it will have some of the country's best specialists working here. And it will be a hospital very high on medtech, very, very much AI-enabled in areas, which will add to the efficiency. And it is going to be a jewel in the crown for us, is something I can tell you.

Raman KV: And what's the approximate capex are allocated for this South Delhi expansion?

Devlina Chakravarty: We'll come back to you with details once we sign, but in the range of INR 70, INR 75 lakhs per bed is what we're looking at.

Raman KV: Understood, ma'am. Thank you.

Moderator: Thank you. Ladies and gentlemen, this will be our last question. It's from the line of Aadesh Gosalia, with Spark Capital. Please go ahead.

Aadesh Gosalia: Thank you for the opportunity. Just continuing on the previous participant's question first. When you said that the South Delhi facility, we are coming up with 650 beds. So, when you say 400, 450, and then 650, so that you are talking about operationalizing the beds, right? Or the capacity will be coming up itself in first, let's say, 400.

Devlina Chakravarty: Yes, there's going to be two towers. One will have 450, and the other will have 200 beds. The towers will be ready at the same time. Operationalization will be 450, and then 200. That's how the plan is.

Aadesh Gosalia: So, in FY29, we will see the operational beds at 450?

Devlina Chakravarty: Yes.

Aadesh Gosalia: Okay. And any idea on the ARPOB that we will be seeing over there? Like, will it be lower?

Devlina Chakravarty: ARPOB predictions, we are not giving right now. We are not giving a guidance. But you can look at our current ARPOB here, which is one of the finest in Delhi NCR.

We will have a similar mix of domestic and international and high-end patients. And we will be, you know, in sync, if not better than all our competitors around. So, the two big hospitals around, not really around, but in that area will be Indraprastha Apollo Hospital in Sarita Vihar and Max Hospital in Saket.. So, this hospital is also going to break many, many years of monopoly by just two brands because it is positioned in a manner which is, kind of right where they are. Yeah.

Aadesh Gosalia: Okay. That's really great to hear. And just the last question on the Raipur facility, the same thing that just on the operational beds, if you can clarify, from the 300 in the first year, like in FY27, how many beds will be operationalized?

Devlina Chakravarty: So, we are starting with 200 beds and going on to 300 beds in a year, year and a half time.

- Aadesh Gosalia:** Okay. That's it from me. Thank you so much, ma'am.
- Devlina Chakravarty:** Thank you.
- Moderator:** Thank you. Ladies and gentlemen, that was the last question for today. I now hand the conference over to Mr. Rudra Acharya for closing comments.
- Rudra Acharya:** Hi all. I would like to thank everyone for joining this call. I hope that we have been able to respond to all your queries and questions adequately. For any further information, we would like you to be please in touch with me and the investor relations team. Stay safe, stay healthy, and thank you once again for joining us.
- Devlina Chakravarty:** Thank you.
- Moderator:** Thank you. On behalf of Artemis Medicare and Choice Equity Broking, that concludes this conference. Thank you for joining us, and you may now disconnect your lines. Thank you.