



MAX
Healthcare

Q3 & 9M ended Dec'20 – Earnings update

February 06, 2021



This presentation contains certain “forward looking statements” including, but without limitation, statements relating to the implementation of strategic initiatives, and other statements relating to Max Healthcare Institute Limited’s (“MHIL” / “MHC”) future business developments and economic performance. While these forward-looking statements indicate our assessment and future expectations concerning the development of our business, a number of risks, uncertainties and other unknown factors could cause actual developments and results to differ materially from our expectations. These factors include, but are not limited to, general market conditions, macro-economic, governmental and regulatory trends, movements in currency exchange and interest rates, competitive pressures, technological developments, changes in the financial conditions of third parties dealing with us, legislative developments, and other key factors beyond the control of MHIL, such as Covid-19, that could affect our business and financial performance. MHIL undertakes no obligation to publicly revise any forward looking statements to reflect future / likely events or circumstances.

In addition, this presentation is for general information purposes only, without regard to any specific objectives, financial situations or informational needs of any particular person. The financial information outlined in this presentation is different from that of the financials of MHIL since the financial information of the Partner Healthcare Facilities is included in this presentation and hence might not meet statutory, regulatory or other audit or similar stipulated requirements of the Company. Further the financial information contained in this presentation is based on the unaudited financials of the Company, its subsidiaries, managed facilities along with the unaudited financial information of the Partner Healthcare Facilities as received from such partners. These unaudited financial information relating to Partner Healthcare Facilities have neither been verified by the Company nor by its Subsidiaries. Accordingly, to that extent, limited reliance should be placed on the financial information of such Partner Healthcare Facilities included in this presentation. MHIL may alter, modify or otherwise change in any manner the content of this presentation, without obligation to notify any person of such change or changes. This presentation should not be copied or disseminated in any manner.

The information contained in this presentation is for information purposes only and does not constitute an offer or invitation to sell or recommendation or solicitation of an offer to subscribe to securities for or invitation to purchase any securities of MHIL. This presentation should not, nor should anything contained in it, form the basis of, or be relied upon in any connection with any contract or commitment whatsoever. This presentation is not intended to be a prospectus (as defined under the Companies Act, 2013, as amended) or an offer document under the Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2018, as amended.

1. Healthcare undertaking of Radiant Life Care Private Limited ("Radiant") and residual business of Max India Limited have merged into Max Healthcare Institute Limited ("MHIL" or "the Company") through a NCLT approved Composite Scheme of Amalgamation and Arrangement on June 1, 2020
2. Earlier, Radiant had acquired 49.7% stake of MHIL from Life Healthcare at ~ Rs 2135.98 crores @ Rs 80 per share
3. Upon merger of the healthcare undertaking* of Radiant with MHIL, the Radiant shareholders have been issued 635,042,075 shares by MHIL (merged entity) based on approved swap ratio (9074 shares of MHIL for 10 shares held in Radiant) and its pre-acquisition stake of 49.7% stands cancelled. The merger results into Radiant promoters controlling the merged MHIL
4. The transaction results into a business combination under Ind AS 103 "Business Combinations" and further applying the criteria laid in the accounting standard, the merger is being accounted for as follows:
 - a) Radiant has been identified as the accounting acquirer and thus the merger qualifies as a "reverse acquisition"
 - b) MHIL financials would be continuation of Radiant's healthcare undertaking financials (accounting acquirer) and thus all assets & liabilities of MHIL have been fair valued as per principles laid down in Ind AS 103. Demerged undertaking of Radiant is being accounted for at its carrying amounts
 - c) Further, since the business combination and control of Radiant over MHIL is achieved in stages, Radiant's previously held stake of 49.7% (in pre-merger MHIL) is fair valued as on June 1, 2020 and the resulting loss, has been recognized in profit or loss
5. Strictly applying the principles of Ind AS 103, the financial result of MHIL (merged) for 9 months ended December 31, 2020 should consist nine months of operations of Radiant and seven month of operations of MHIL (merged)
6. Ind AS 103 allows time uptill end of the reporting period (March 31, 2021 in this case) for initial accounting of the Business Combinations, as it entails elaborate assessment, measurement and fair valuation of assets & liabilities of the acquired entity (MHIL). Further, it allows the acquirer to report provisional amounts for the items for which the accounting is incomplete and allow retrospective adjustment to the provisional amounts recognized
7. Currently, based on the fair valuation exercise carried out by the Company, the effect of provisional fair valuation exercise have been captured in the financial and these have also been subjected to limited review during the quarter ended September 30, 2020
8. In view of significant bed capacity at partner healthcare facilities and notes 5 and 7 above, it is considered appropriate to disclose the financial performance of the Network Hospitals for nine months period ended December 31, 2020 by way of a management consolidated Abridged Profit and Loss account
9. The Abridged Profit and Loss account takes into account line by line consolidation of un-audited financials in investor friendly format of the Network Healthcare Facilities etc, which include all the hospitals/SBU's and medical centres owned and operated by MHIL and its subsidiaries, the managed healthcare facilities and the partner healthcare facilities
10. In order to better understand the results, the items which don't truly represent the operating income/expenditure have been identified and reported separately to reflect the Operating EBITDA

* Mainly consisting of O & M arrangements with Dr. Balabhai Nanavati Hospital, Mumbai and Dr. B. L. Kapur Memorial Hospital, New Delhi

Q3 FY21 Highlights

05

9M ended Dec'20 Highlights

15

Covid-19 Update

21

About the Company

24

Q3 FY21 Highlights

Executive Summary (1/2)

Financial highlights

- ✱ Q3 FY21 gross revenue at INR 1,160 Cr versus INR 1,094 Cr in Q3 FY20 (+6% YoY) and INR 932 Cr in Q2 FY21 (+24% QoQ)
- ✱ Operating EBITDA¹ for Q3 FY21 was highest ever at INR 253 Cr versus INR 160 Cr in Q3 FY20 (+58% YoY); INR 143 Cr in Q2 FY21 (+76% QoQ)
 - ✱ EBITDA margin² for the quarter stood at 23.2% versus 15.8% in Q3 FY20; 16.2% in Q2 FY21
 - ✱ Margin reflects impact of structural cost initiatives implemented in FY20 and FY21 as well as operating leverage due to occupancy at higher ARPOB
- ✱ Initial part of the quarter witnessed higher occupancy driven by Covid-19 admissions with lower ARPOB while the later part of the quarter saw dip in Covid-19 occupancy. However, the overall ARPOB increased given higher share of non Covid-19 patients. Medical tourism footfalls have also started trending up
- ✱ Q3 FY21 PAT was INR 135 Cr versus INR 39 Cr in Q3 FY20 (+243% YoY); INR 36 Cr in Q2 FY21 (+276% QoQ)
- ✱ Net debt³ of the company reduced by INR 121 Cr and stands at INR 1,867 Cr as on December 31, 2020

Operational highlights

- ✱ Occupancy for Q3 FY21 stood at 76.2% versus 72.4% in Q3 FY20; 67.8% in Q2 FY21
 - ✱ Dec'20 occupancy was impacted due to drop in Covid-19 admissions and farmer agitation leading to reduced patient flow from upcountry
- ✱ Q3 FY21 ARPOB stood at INR 51.2k versus INR 50.8k in Q3 FY20; +1% YoY; +10% QoQ
 - ✱ YoY ARPOB higher despite low international & OP revenue and lower ARPOB from Covid-19 patients
 - ✱ QoQ increase in ARPOB is primarily due to increase in non Covid-19 occupancy in tower specialties⁴ which have recovered to ~90% of last year levels
- ✱ ALOS increased to 5.4 days in Q3 FY21 versus 4.3 days in Q3 FY20; same as in Q2 FY21
- ✱ OP consults stood at 3.9L in Q3 FY21 (+12% QoQ). Video consults during the quarter exceeded 30k
- ✱ ~25,800 OPD and ~900 IPD patients from economically weaker section treated free of charge

Clinical highlights

Clinical update:

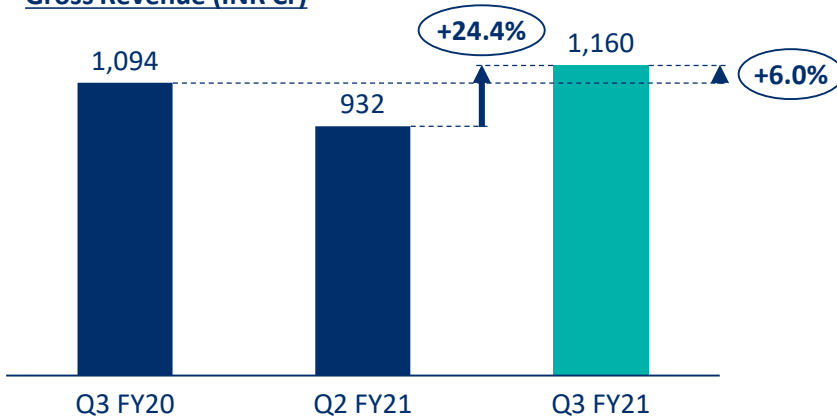
- ✱ Treated ~21,000 Covid-19 patients at hospitals and ~2,000 patients at home/extended care facilities as of January 31, 2021
- ✱ ~3.2L RT-PCR tests done as of January 31, 2021
- ✱ Successfully treated India's first case of Lung Decortication of a COVID-19 recovered patient
- ✱ India's first Esophagus Y tracheal stent and a "stent on stent" - double stenting / double Y stenting done in a 77 year old male k/c/o squamous cell carcinoma
- ✱ Successfully diagnosed and treated a rare case of Steroid Responsive Encephalopathy associated with Autoimmune Thyroiditis (SREAT): Hashimoto's encephalopathy in a 49 year old male
- ✱ Prevented exenteration (removal of eye ball) on post Covid-19 patient with orbital mucormycosis & lost vision adopting the latest techniques
- ✱ Successfully performed cadaveric transplant involving both liver and kidney transplantation

Research and academics:

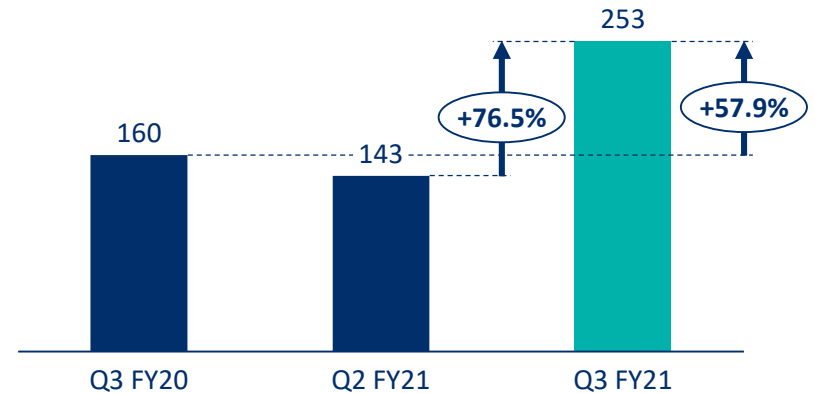
- ✱ 85 national and international publications with top 3 being from oncology, nephrology and urology departments
- ✱ 30 studies and trials on Covid-19 indications and 45 non-Covid-19 clinical trials ongoing across MHC
- ✱ Ongoing IMT program at Max Healthcare with a total of 25 doctors enrolled
- ✱ NABH accreditation for Ethics committee at Max Saket (East block) under clinical trial program
- ✱ 70 allied health internship, 17 observership and 3 fellowship students joined
- ✱ DNB accreditation approval in 25 specialties; 5 DNB specialties applied for renewal accreditation; total strength of DNB residents across Max network at 429 currently

Key Financial Highlights

Gross Revenue (INR Cr)

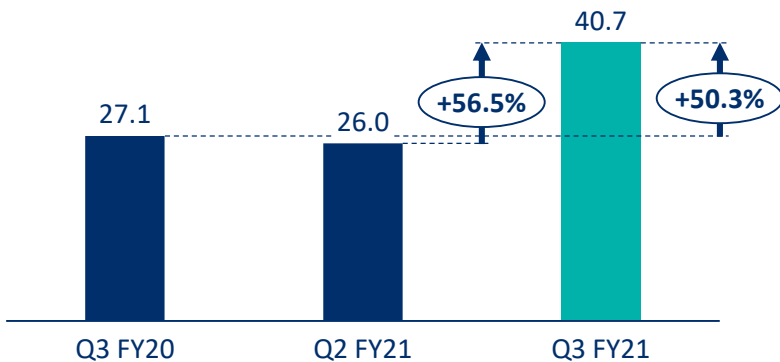


Operating EBITDA¹ (INR Cr)

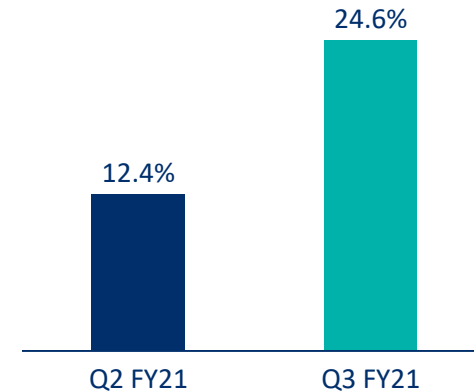


Margin² (%) Q3 FY20 : 15.8% | Q2 FY21 : 16.2% | Q3 FY21 : 23.2%

Operating EBITDA per bed³ (INR Lacs)

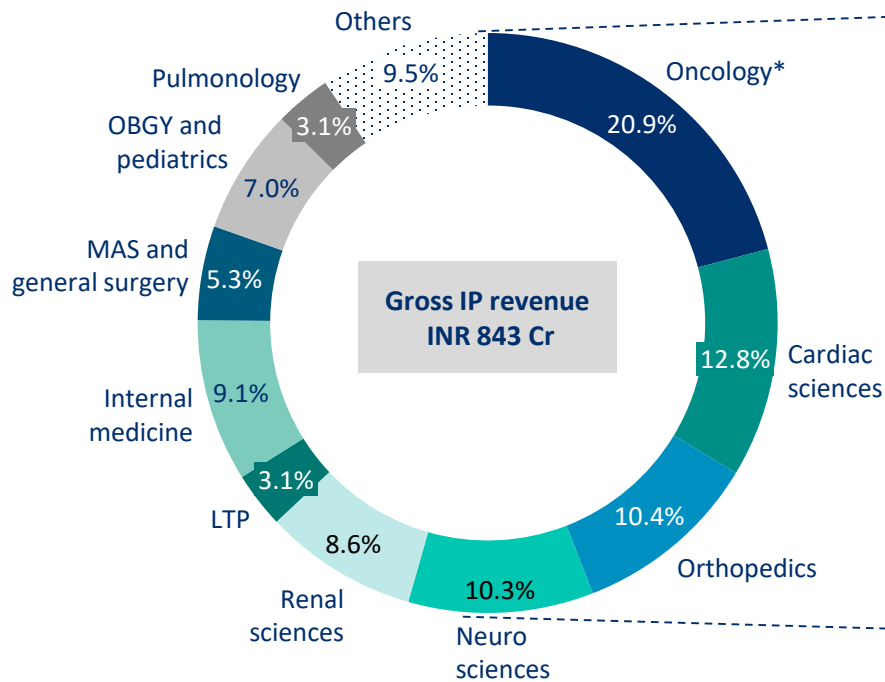


ROCE⁴

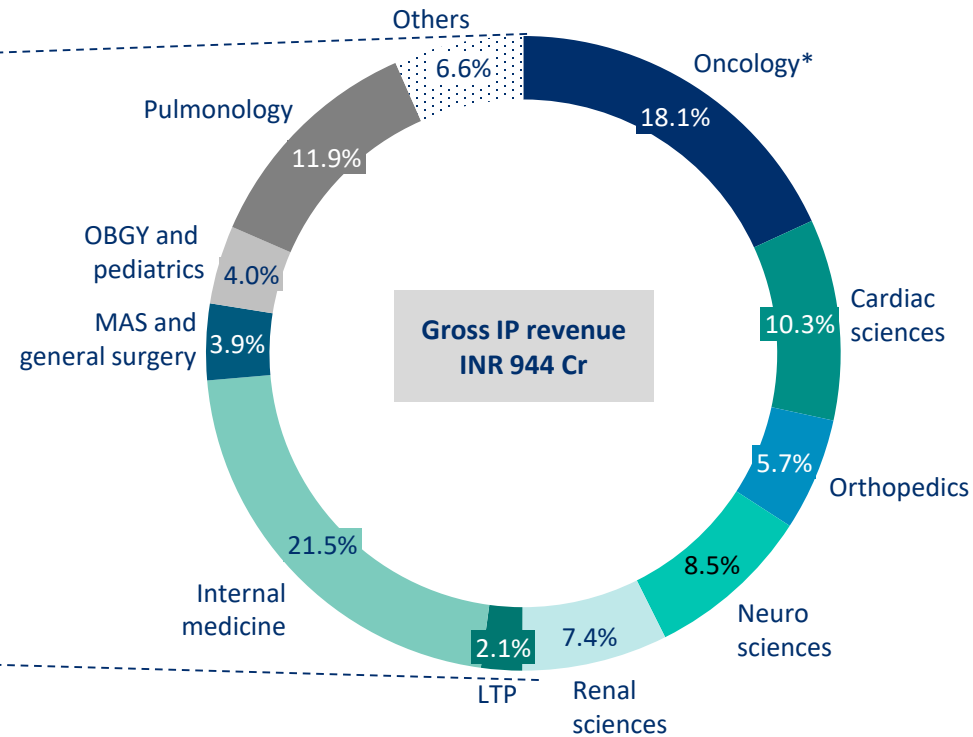


(1) Numbers are post Ind AS 116 | (2) Margin calculated on net revenue | (3) EBITDA per bed is annualized and basis occupied beds | (4) Capital employed excludes the impact of Purchase price allocation under Ind AS 103 carried out on June 01, 2020 for Max Healthcare and partner healthcare facilities; EBIT annualized (Quarter * 4). The depreciation has been considered based on normalized replacement capex

Q3 FY20



Q3 FY21

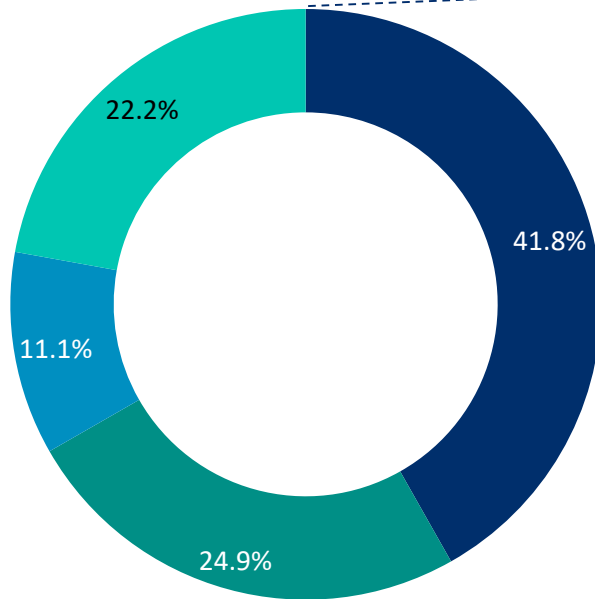


Note: Excludes OP and day care revenue, revenue from SBUs and other operating income

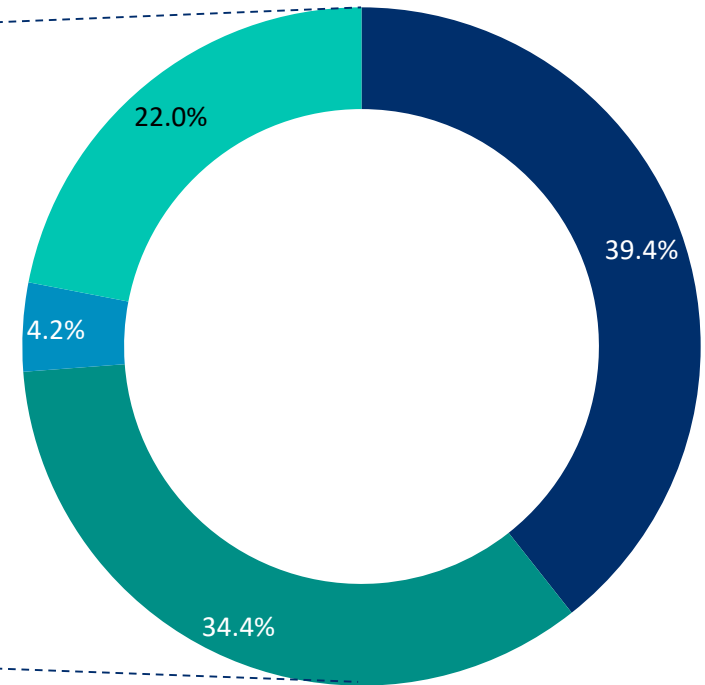
* Includes chemotherapy and radiotherapy

Payor Profile

Q3 FY20



Q3 FY21



■ Self pay ■ TPA & corporates ■ International ■ Institutional

Note: Excludes revenue from SBUs and other operating income

Figs in INR Cr

Particulars	Q3 FY20		Q2 FY21		Q3 FY21	
	Actual	% NR	Actual	% NR	Actual	% NR
Gross revenue	1,094		932		1,160	
Net revenue	1,014	100.0%	881	100.0%	1,086	100.0%
Direct costs	428	42.3%	363	41.2%	448	41.2%
Contribution	585	57.7%	518	58.8%	638	58.8%
Indirect overheads	425	41.9%	375	42.6%	386	35.5%
Operating EBITDA (post Ind AS-116)	160	15.8%	143	16.2%	253	23.2%
ESOP (Equity-settled scheme)	-	-	0.3	0.0%	14	1.3%
Movement in fair value of contingent consideration and amortisation of contract assets ¹	9	0.9%	8	0.9%	(15)	(1.4%)
Transaction cost and loss on fair valuation of pre-merger holding of Radiant	13	1.3%	-	-	-	-
Reported EBITDA	137	13.6%	135	15.3%	254	23.3%
Finance cost (net) ²	57	5.6%	35	4.0%	47	4.4%
Depreciation and amortisation	53	5.3%	56	6.4%	55	5.1%
Profit before tax	27	2.7%	43	4.9%	151	13.9%
Tax	(12)	(1.2%)	7	0.8%	16	1.4%
Profit after tax	39	3.9%	36	4.1%	135	12.5%

Note: The numbers for the previous period have been recasted and regrouped to match with the disclosure in the current period

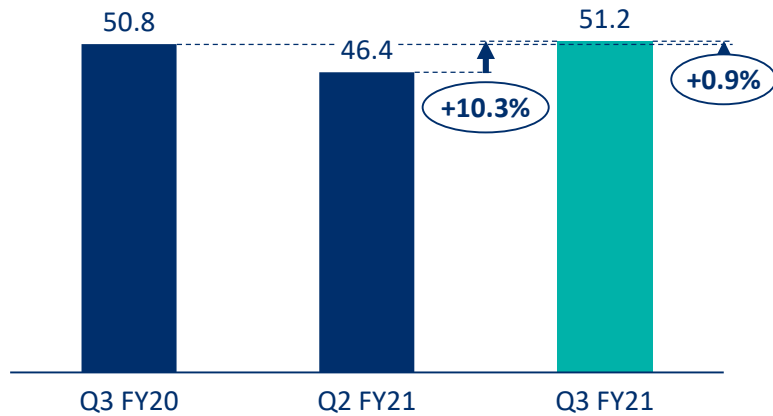
Operating EBITDA (pre Ind AS-116) stood at INR 244 Cr in Q3 FY21 against INR 150 Cr in Q3 FY20 and INR 133 Cr in Q2 FY21

(1) Non cash item representing change in fair value of contingent consideration payable to O&M Trusts/Society over balance contract period (~23 to 34 years). Q3 values reflect the review of base projections for the expansion projects in O&M hospitals and change in WACC used for fair valuation

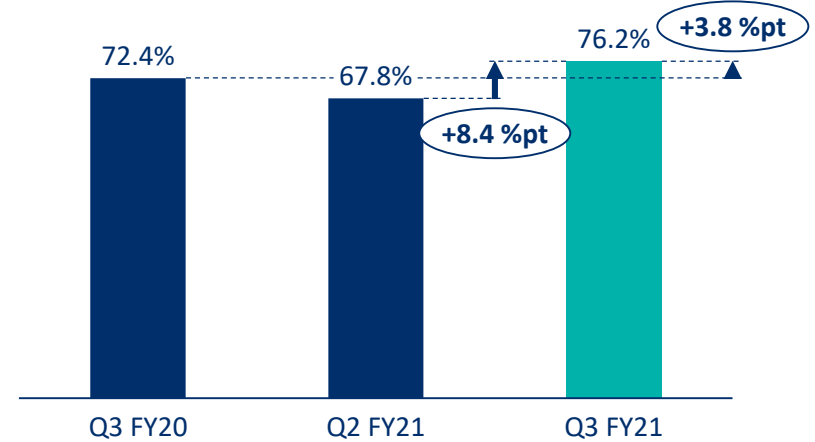
(2) Q3 FY21 includes forex gain of INR 4.5 Cr on put option liability for SCHPL shares of US\$ 64.25 mn (Q2 : INR 11.8 Cr)

Key Operational Highlights

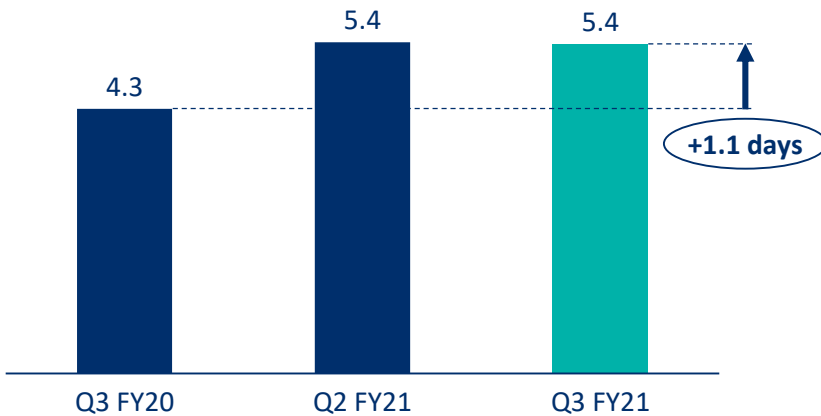
ARPOB¹ (INR/OBD) ('000)



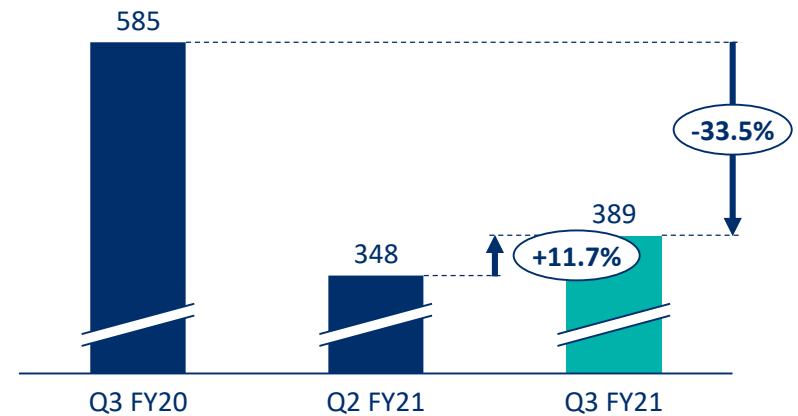
Avg. Inpatient Occupancy (%)



ALOS² (in days)



Outpatient consults ('000)



(1) ARPOB calculated as gross revenue / total OBD | (2) ALOS calculated for discharged IP patients

- ✱ Successfully treated **India's first case of Lung Decortication of a COVID-19 recovered patient**
- ✱ **India's first** Esophagus Y tracheal stent and a "stent on stent" - double stenting / double Y stenting done in a 77 year old male k/c/o squamous cell carcinoma
- ✱ **Successfully performed cadaveric transplant** involving both liver and kidney transplantation
- ✱ **Successfully diagnosed and treated** a rare case of Steroid Responsive Encephalopathy associated with Autoimmune Thyroiditis (**SREAT**): Hashimoto's encephalopathy in a 49 year old male
- ✱ Deployed the **latest generation nano-science and technology** in clinical practice with the help of Contour device
- ✱ Prevented **exenteration (removal of eye ball)** on post covid patient with orbital mucormycosis & lost vision adopting the latest techniques
- ✱ **Complex brain stem surgery** followed by RMSO craniotomy and evacuation of bleed performed for a 4 year old boy
- ✱ **Saved HELLP Syndrome (haemolysis, elevated liver enzymes, low platelet count) patient**, a serious, life-threatening form of pre-eclampsia which triggered ICH

✱ National and international publications

✱ **85 publications** across units for Q3 FY21

✱ **Top high index and high impact factor being from Oncology, Nephrology and Urology departments**

✱ **One Article on Covid-19** as a preprint on convalescent plasma

✱ **12 publications** on Covid-19

✱ **NABH accreditation** for Ethics committee at Max Saket East under clinical trial program

✱ **30 studies and trials on Covid-19** indications are going on across MHC

✱ **45 non-Covid-19 clinical trials** are going on across MHC

✱ Ongoing IMT program at Max Healthcare with a total of 25 doctors enrolled

✱ **70 allied health internship, 17 observorship and 3 fellowship** students joined

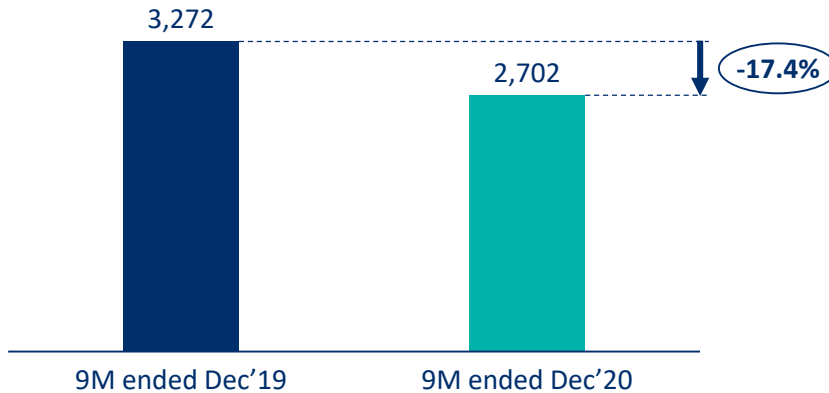
✱ **DNB accreditation** approval in 25 specialties; 5 DNB specialties applied for renewal accreditation; total strength of DNB residents across Max network at 429 currently

✱ Sponsored seats approval by NBE: Max Saket – 10 and Max Vaishali – 2

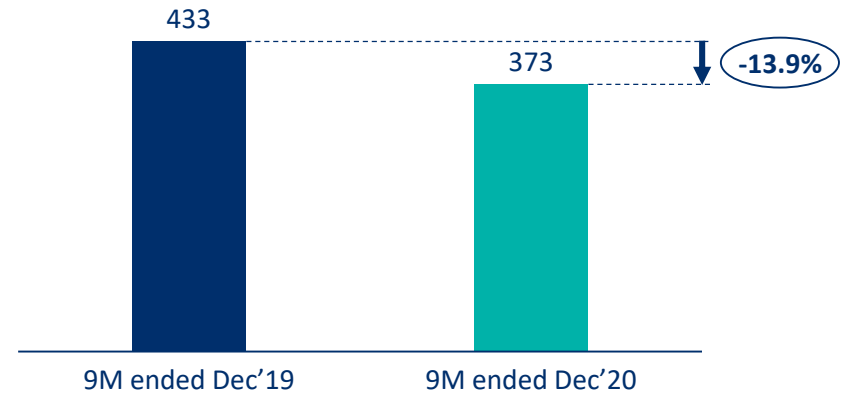
9M ended Dec'20 Highlights

Key Financial Highlights

Gross Revenue (INR Cr)

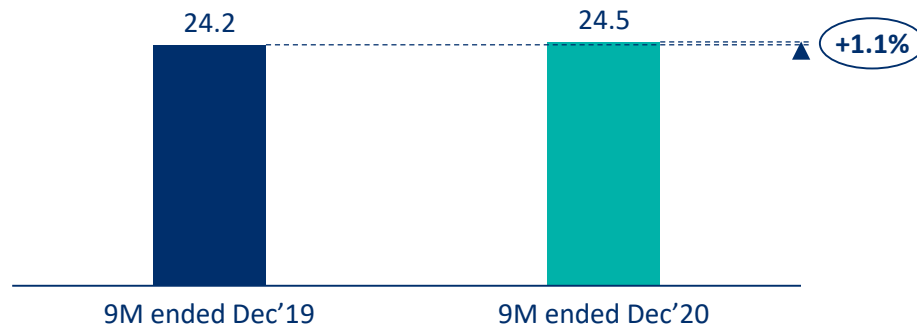


Operating EBITDA¹ (INR Cr)



Margin² (%) 9M ended Dec'19 : 14.4% | 9M ended Dec'20 : 14.7%

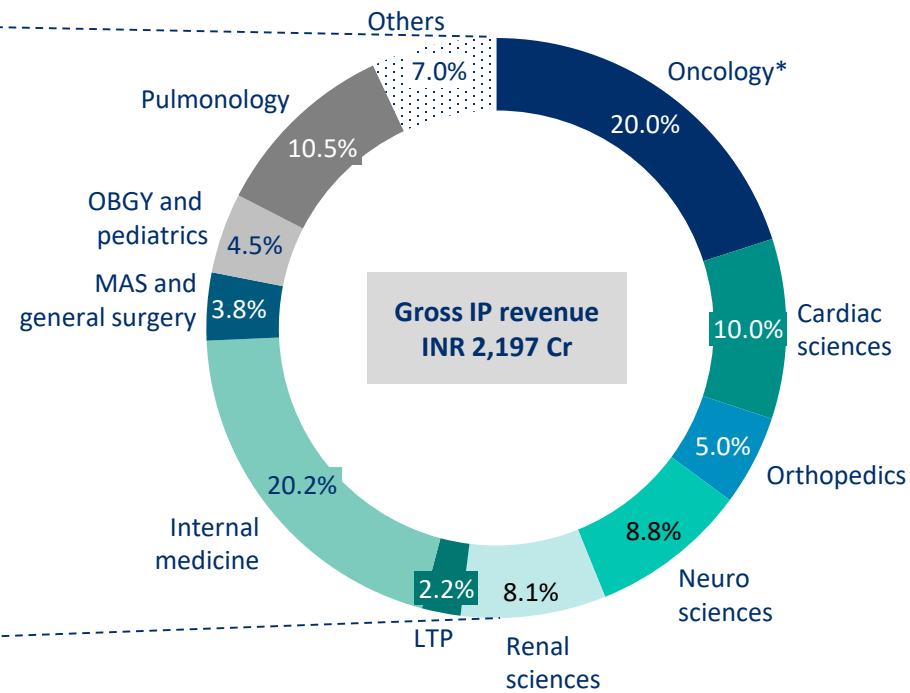
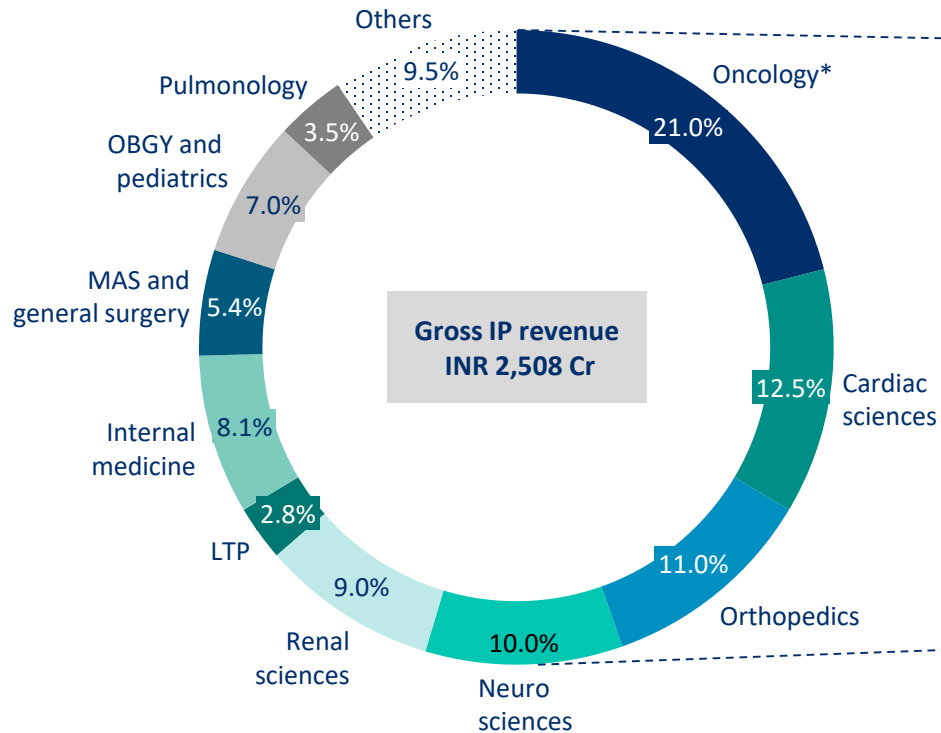
Operating EBITDA per bed³ (INR Lacs)



(1) Numbers are post IND AS 116 | (2) Margin calculated on net revenue | (3) EBITDA per bed is annualized and basis occupied beds

9M ended
Dec'19

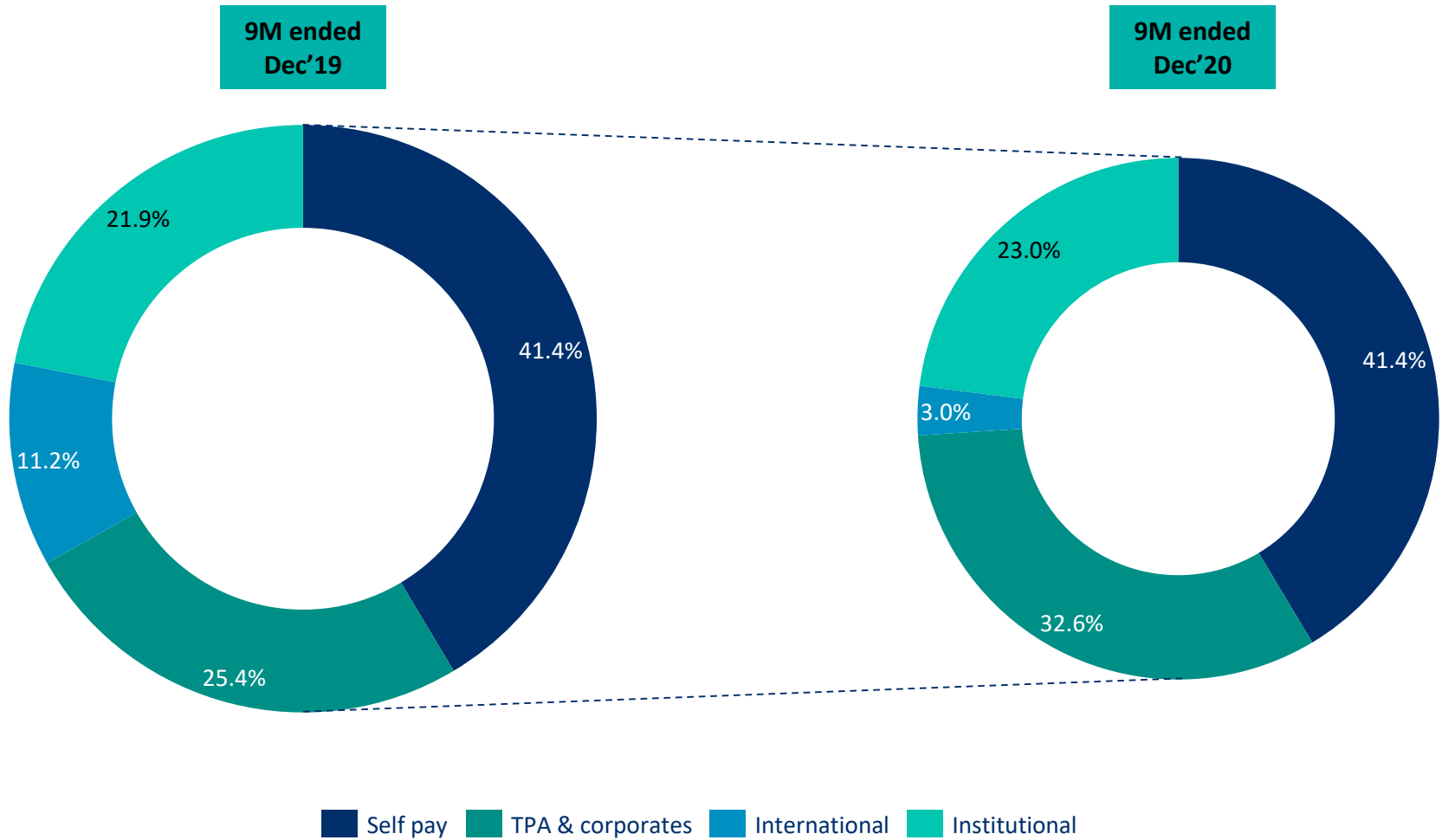
9M ended
Dec'20



Note: Excludes OP and day care revenue, revenue from SBUs and other operating income

* Includes chemotherapy and radiotherapy

Payor Profile



Note: Excludes revenue from SBUs and other operating income

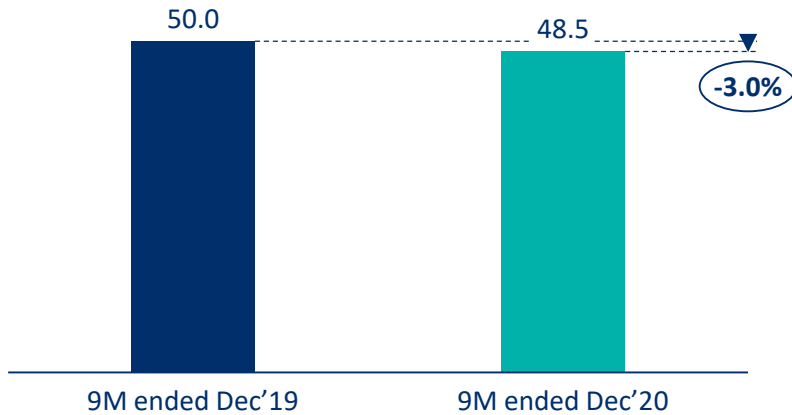
Figs in INR Cr

Particulars	9M ended Dec'19		9M ended Dec'20	
	Actual	% NR	Actual	% NR
Gross revenue	3,272		2,702	
Net revenue	3,018	100.0%	2,540	100.0%
Direct costs	1,285	42.6%	1,073	42.2%
Contribution	1,733	57.4%	1,467	57.8%
Indirect overheads	1,300	43.1%	1,094	43.1%
Operating EBITDA (post Ind AS-116)	433	14.4%	373	14.7%
Transaction cost and loss on fair valuation of pre-merger holding of Radiant	24	0.8%	244	9.6%
ESOP (Equity - settled scheme)	-	-	14	0.6%
One time policy harmonization impact	-	-	5	0.2%
Movement in fair value of contingent consideration and amortisation of contract assets	18	0.6%	(1)	0.0%
Reported EBITDA	392	13.0%	111	4.4%
Finance cost (net)	161	5.3%	137	5.4%
Depreciation and amortisation	157	5.2%	164	6.4%
Profit before tax	75	2.5%	(190)	(7.5%)
Tax	(9)	(0.3%)	13	0.5%
Profit after tax	83	2.8%	(204)	(8.0%)

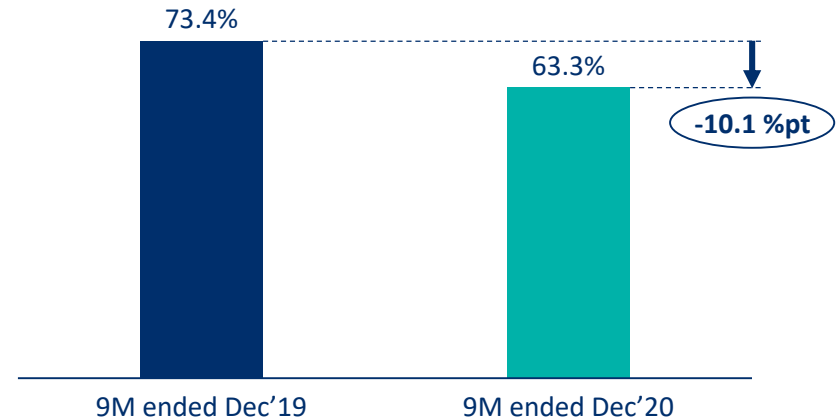
Note: The numbers for the previous period have been recasted and regrouped to match with the disclosure in the current period
Operating EBITDA (pre Ind AS-116) stood at INR 345 Cr in 9M ended Dec'20 against INR 402 Cr in 9M ended Dec'19

Key Operational Highlights

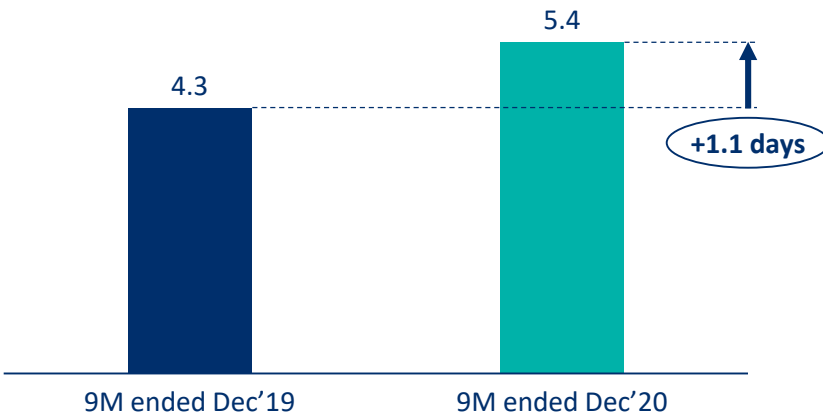
ARPOB¹ (INR/OBD) ('000)



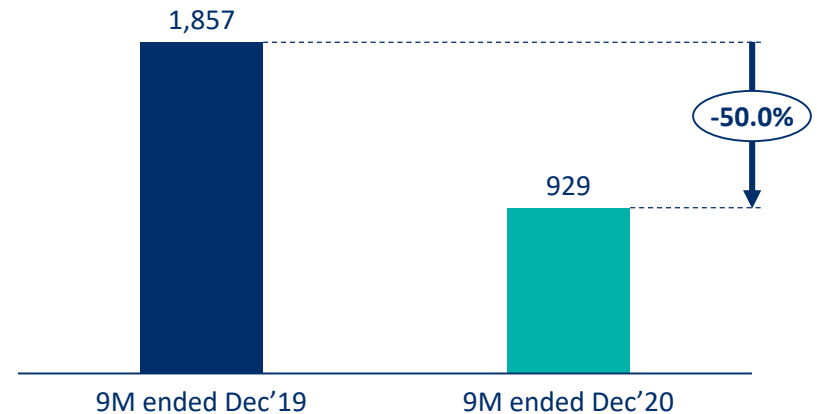
Avg. Inpatient Occupancy (%)



ALOS² (in days)



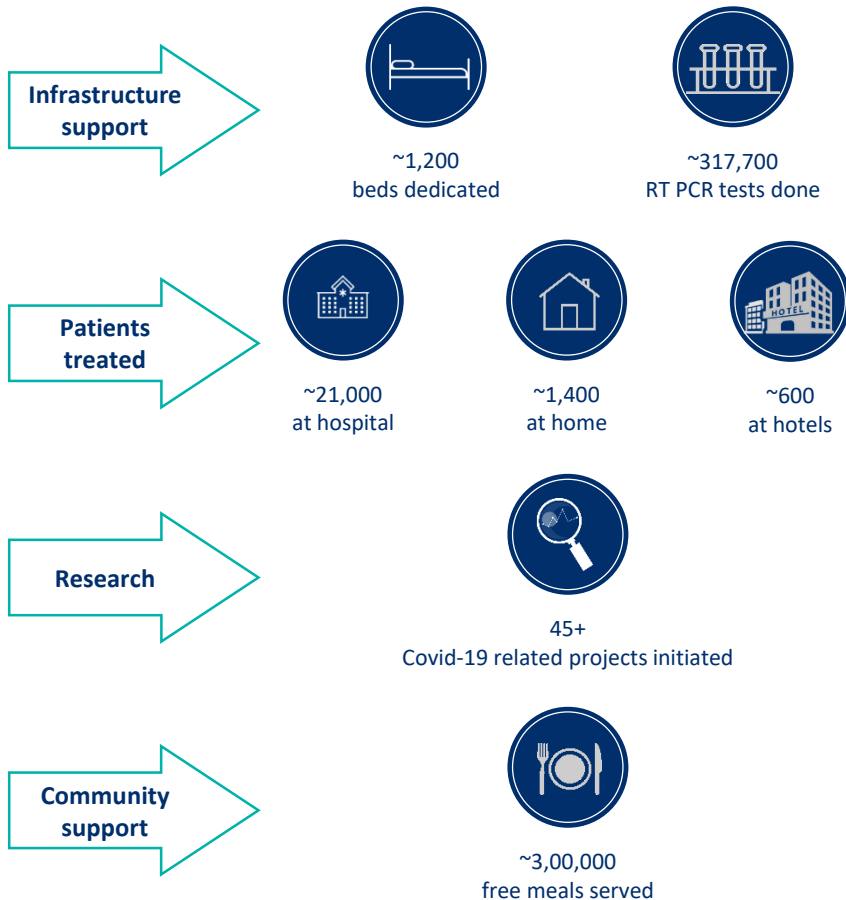
Outpatient consults ('000)



(1) ARPOB calculated as gross revenue / total OBD | (2) ALOS calculated for discharged IP patients only

Covid-19 Update

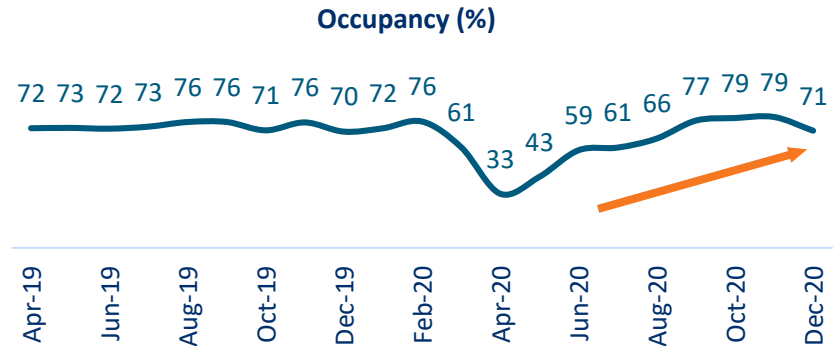
Key contributions* :



Our response :

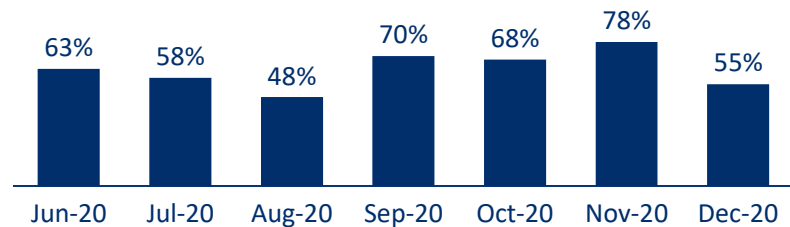
- * First private hospital to offer a dedicated facility in Delhi for Covid-19 care
- * One of the first private sector lab to start Covid-19 testing
- * First of its kind convalescent plasma therapy trial for critically ill patients
- * Set up Covid-19 related medical processes-
 - * Formulated detailed clinical protocols for clinical management and infection prevention
 - * Created isolation areas for segregation
 - * Provided intensive training to frontline medical personnel
- * Effectively managed supply chain to prioritise availability of Covid-19 related materials
- * Implemented measures to conserve cash including material rate renegotiations and deferment of discretionary expenses
- * Reduced salary for senior and middle management – these have been fully re-instated in the course of Q3 FY21
- * Focused on collections from CGHS, ECHS and institutional partners
- * Strengthened digital platforms-
 - * Significantly ramped up tele-consulting- ~10% of total consultations were digital in 9M ended Dec'20
 - * Developed remote monitoring capabilities, particularly during lockdown, in Tri-city
- * Actively contributing to Covid19 vaccination drive

- ✱ Occupancy rate dropped sharply towards the end of March to 30-35%.
- ✱ Sharp recovery since then. September witnessed return to pre Covid-19 occupancy with November being an all time high
- ✱ Dec'20 occupancy was impacted due to drop in Covid-19 admissions and farmer agitation leading to reduced upcountry patient flow

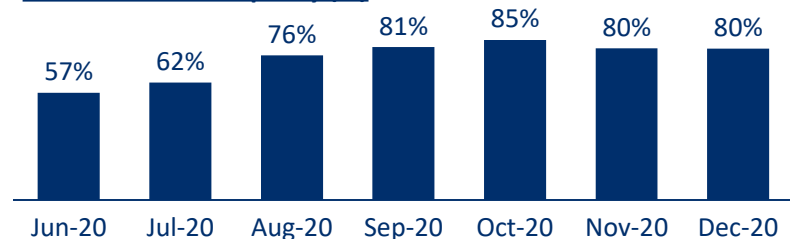


- ✱ Covid-19 occupancy has declined post peaking out in Nov-2020
- ✱ Non Covid-19 occupancy has been stable since significant rebound in August

Covid-19 occupancy¹ (%)



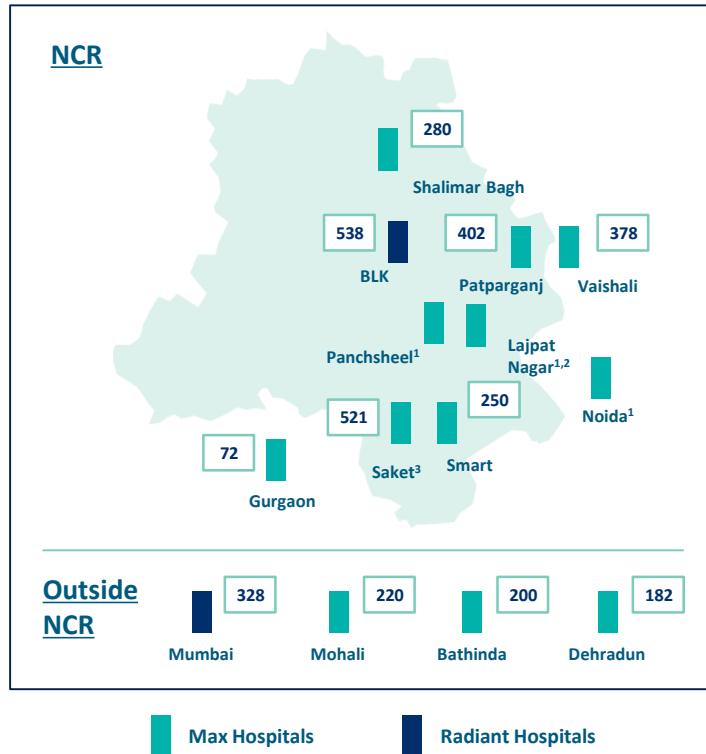
Non Covid-19 occupancy (%)



1) Calculated on beds reserved for Covid-19 patients

About the Company

Max Healthcare and Radiant merged their healthcare businesses to create the second largest healthcare chain in India by revenue



16
Facilities

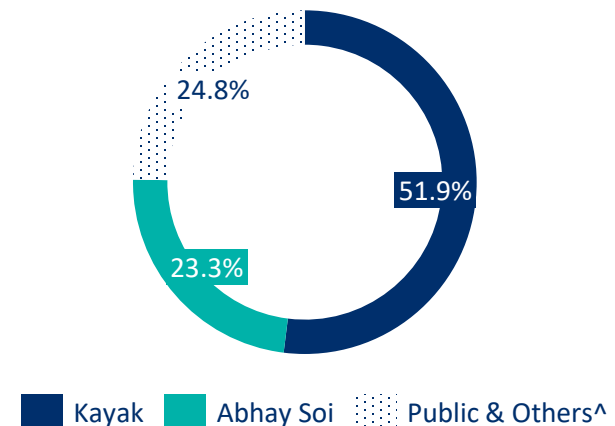


~3,400
Bed capacity



~85%
Beds in metros

Shareholding structure



* By revenue

[^] Others include 4,65,68,179 equity shares, representing 5.15% of the equity share capital of the Company sold by certain promoters of the Company which is not considered to be one of the permissible mode to achieve minimum public shareholding norms

(1) Standalone specialty clinics with outpatient and day care services | (2) 2 facilities at Lajpat Nagar | (3) 320 beds in East Block and 201 in West Block

Vision: To be the Most Well Regarded Healthcare Provider in India

To be the **most well regarded healthcare provider** in India committed to the highest standards of **clinical excellence and patient care** supported by **latest technology and cutting edge research**



Robotics



Advanced robotics provides high precision and enables minimal invasive surgery across multiple specialties such as Oncology, Neurology

S8 Navigation with O-Arm



StealthStation™ S8 navigation integrates with the O-arm (opens new window)™ imaging system, replacing intraoperative fluoroscopy with a fluid, 3D-navigated surgical experience

TrueBeam Stx LINAC System



Provides a variety of treatment techniques such as HyperArc and RapidArc to address a broad range of cancer cases

PET-CT



Provides precise correlation and facilitates proper treatment for Oncology, surgical planning and radiation therapy

Cath Lab – Artis Zee Pure



Artis zee floor-mounted system with a large detector offers excellent performance for an improved clinical workflow with a larger field of view

Intra OP Portable CT



BodyTom® has the ability to perform axial, helical (CTA), and dynamic scanning, making it ideal for providing multi-departmental imaging solutions

Research:



Significant **strategic partnerships** including Deakin University, Australia and Imperial College London – 15,000+ research participants and 1 million pound research grant



900+ high index journal **research publications** in last 5 years



Private **bio bank** - ~15,000 bio samples stored



Several **research grants** from leading organisations such as CSIR, DBT, ICMR, INSA, etc.



Researching use of Artificial Intelligence in Radiology with leading international partners



80+ on-going clinical **research projects**

Academics:

Max Institute of Medical Excellence (MIME) is the **education division** of MHC for medical education & training

- ✳ Hosts prestigious Royal college of Physicians exam - successfully hosted 4 examinations
- ✳ Recognized by JRCPTB to deliver post graduate Internal medicine training outside UK
- ✳ Conducts Masters in Emergency program in collaboration with George Washington University, USA
- ✳ 15,000+ students trained in Life Support programmes in last 5 years
- ✳ ~12,000 trainees participate in various training programmes and exams annually
- ✳ ~1,200 trainees undergo CMEs, workshops and bespoke trainings annually
- ✳ ~350 post graduate students enroll annually across 30 specialties

Clinical Safety

- * CNBC TV-18 Award for best multi-specialty hospital in metro
- * Patient Safety Award' by FICCI
- * Times Healthcare Achievers Award



- * Best quality initiative (BCMA medication process improvement)



Operational Excellence

- * Best use of six sigma in Healthcare



- * FICCI Excellence Awards for 'Operational Excellence'
- * Best green hospital (reducing carbon foot print of tertiary care hospital)



Service Quality

- * Best customer service in Healthcare



- * Bronze award for 'Life savers' project (Max Bike responder) at 'American Society for Quality'
- * BPM Asia Star 2017 by CII Institute of Quality
- * D.L. Shah National Award for 'Economics of Quality' by QCI



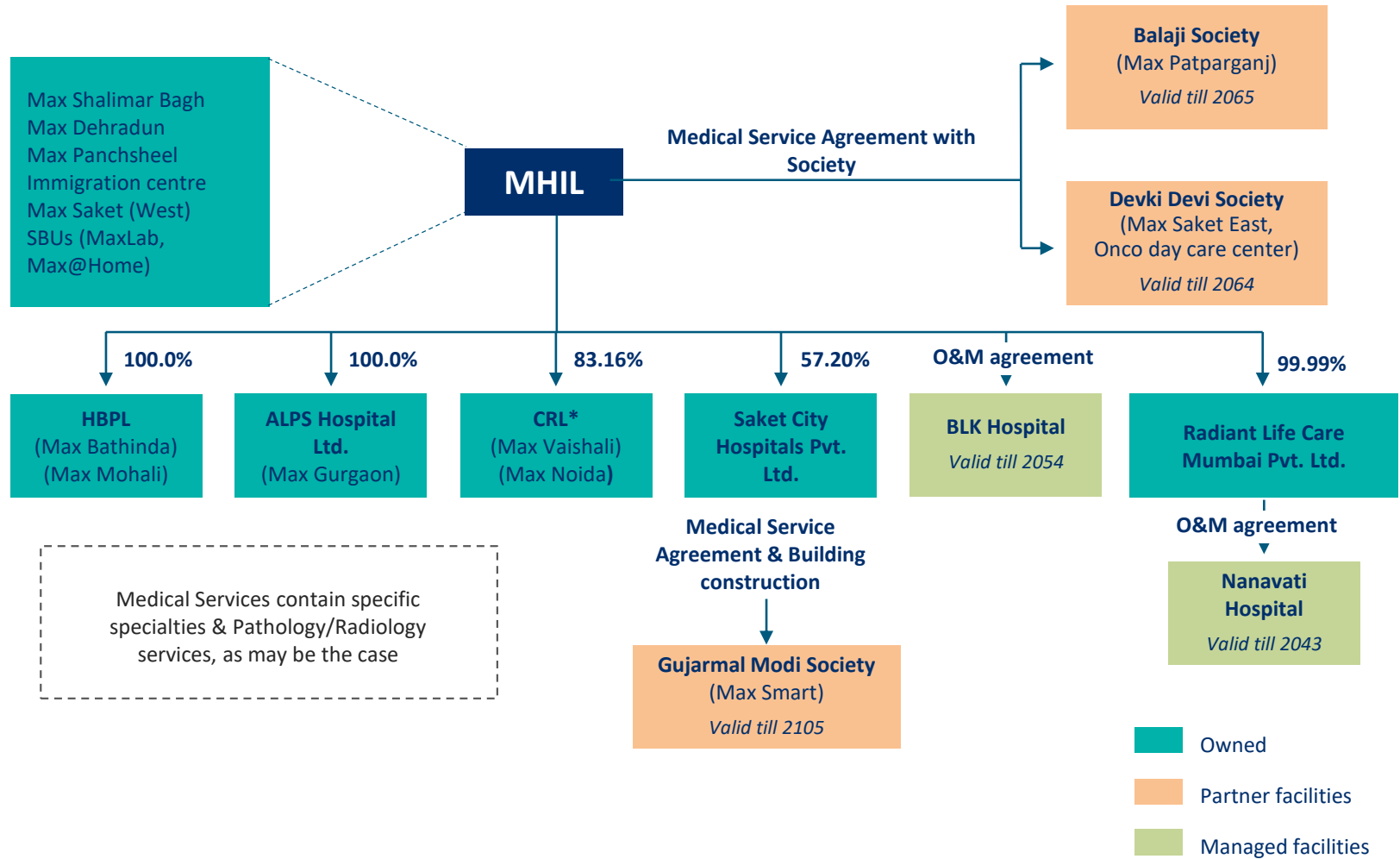
Others

- * ET Best Healthcare brand
- * HIMSS-Elsevier Digital Healthcare Award 2019



- * Gold award from Hospital Management Asia





Corporate structure as on December 31, 2020

Validity includes extensions available under the contract

MHIL – Max Healthcare Institute Limited; CRL – Crosslay Remedies Limited; HBPL – Hometrail Buildtech Private Limited

List of Network Healthcare Facilities

Name	Location	Description
Max Super Speciality Hospital, (West Block) Saket	Delhi	Hospital
Max Super Speciality Hospital, (East Block) Saket	Delhi	Hospital
Max Smart Super Speciality Hospital, Saket	Delhi	Hospital
Dr. B L Kapur Memorial Hospital	Delhi	Hospital
Dr. Balabhai Nanavati Hospital	Mumbai	Hospital
Max Hospital, Gurugram	Gurugram	Hospital
Max Super Speciality Hospital, Patparganj	Delhi	Hospital
Max Super Speciality Hospital, Vaishali	Ghaziabad	Hospital
Max Super Speciality Hospital, Shalimar Bagh	Delhi	Hospital
Max Super Speciality Hospital, Mohali	Mohali	Hospital
Max Super Speciality Hospital, Bhatinda	Bathinda	Hospital
Max Super Speciality Hospital, Dehradun	Dehradun	Hospital
Max Multi Speciality Centre, Panchsheel Park	Delhi	Medical centre
Max MedCentre, Lajpat Nagar – Immigration Department	Delhi	Medical centre
Max Institute of Cancer Care, Lajpat Nagar	Delhi	Medical centre
Max Multi Speciality Centre, Noida	Noida	Medical centre

Max Healthcare Institute Limited (MHIL) is India's leading provider of healthcare services. It is committed to the highest standards of medical and service excellence, patient care, scientific and medical education.

MHIL has major concentration in north India consisting of a network of 16 healthcare facilities. Out of the total network, eight hospitals and four medical centres are located in Delhi and the NCR and the others are located in the cities of Mumbai, Mohali, Bathinda and Dehradun. The Max network includes all the hospitals and medical centres owned, operated and managed by the Company and its subsidiaries, and partner healthcare facilities. These include state-of-the-art tertiary and quaternary care hospitals at Saket, Patparganj, Vaishali, Rajendra Place, and Shalimar Bagh in NCR Delhi and one each in Mumbai, Mohali, Bathinda and Dehradun, secondary care hospital in Gurgaon and Day Care Centres at Noida, Lajpat Nagar and Panchsheel Park in NCR Delhi. The hospitals in Mohali and Bathinda are under PPP arrangement with the Government of Punjab.

In addition to its core hospital business, MHIL has two SBUs - Max@Home and MaxLab. Max@Home is a platform that provides health and wellness services at home and MaxLab offers diagnostic services to patients outside its network.

**For further information,
please contact:**

For more information, visit

www.maxhealthcare.in

Dilip Bidani / Gautam Wadhwa

Max Healthcare Institute Ltd.

Tel: +91 98107 05107 / +91 88002 65551

Email: dilip.bidani@maxhealthcare.com,
gautam.wadhwa@maxhealthcare.com

Anoop Poojari / Suraj Digawalekar

CDR India

Tel: +91 98330 90434 / 98211 94418

Email: anoop@cdr-india.com, suraj@cdr-india.com