



INVESTOR PRESENTATION

June 2019



Strictly private and Confidential



DISCLAIMER

This presentation has been prepared by Apollo Hospitals Enterprise Limited (“AHEL” or the “Company”) solely for your information and for your use and may not be taken away, distributed, reproduced, or redistributed or passed on, directly or indirectly, to any other person (whether within or outside your organization or firm) or published in whole or in part, for any purpose by recipients directly or indirectly to any other person. By accessing this presentation, you are agreeing to be bound by the trailing restrictions and to maintain absolute confidentiality regarding the information disclosed in these materials.

This presentation does not constitute an offer or invitation to purchase or subscribe for any securities of the Company by any person in any jurisdiction, including India and the United States. No part of it should form the basis of or be relied upon in connection with any investment decision or any contract or commitment to purchase or subscribe for any securities. Securities may not be offered or sold in the United States absent registration or an exemption from registration. This presentation is not intended to be a prospectus (as defined under the Companies Act, 1956) or offer document under the Securities and Exchange Board

of India (Issue of Capital and Disclosure Requirements) Regulations, 2009 as amended.

No representation or warranty, express or implied, is made as to, and no reliance should be placed on, the fairness, accuracy, completeness or correctness of the information or opinions contained in this presentation. Such information and opinions are in all events not current after the date of this presentation. Certain statements made in this presentation may not be based on historical information or facts and may be “forward looking statements” based on the currently held beliefs and assumptions of the management of the Company, which are expressed in good faith and in their opinion reasonable, including those relating to the Company’s general business plans and strategy, its future financial condition and growth prospects and future developments in its industry and its competitive and regulatory environment.

This presentation may contain statements that constitute forward-looking statements. Forward-looking statements involve known and unknown risks, uncertainties and other factors, which may cause the actual results, financial condition, performance or achievements of the Company or

industry results to differ materially from the results, financial condition, performance or achievements expressed or implied by such forward-looking statements, including future changes or developments in the Company’s business, its competitive environment and political, economic, legal and social conditions. Further, past performance is not necessarily indicative of future results. Given these risks, uncertainties and other factors, viewers of this presentation are cautioned not to place undue reliance on these forward-looking statements. The Company disclaims any obligation to update these forward-looking statements to reflect future events or developments.

This presentation is for general information purposes only, without regard to any specific objectives, financial situations or informational needs of any particular person. The Company 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 may not be copied or disseminated in any manner.

KEY HIGHLIGHTS



01 **Leading** private sector
healthcare services
provider

02 **Attractive** industry
opportunity

03 **Excellence** in practice

04 **Strong** operating &
financial track record

05 Well-Positioned to
Accelerate

06 **Anchored** for the
future

07 **Strong** management
team



01

**LEADING PRIVATE SECTOR
HEALTHCARE SERVICES
PROVIDER**



BUSINESS SNAPSHOT (1/2)

Healthcare Services
54%*
 of Consolidated Revenues

Standalone Pharmacies
40%
 of Consolidated Revenues

AHLL & Other Businesses
6%
 of Consolidated Revenues

Apollo Munich Health Insurance
 AHEL 10% stake

BEDS
 Owned 8683 + Day surgery/CRADLE 550 + Managed 934 = **Total Capacity 10167**

LOCATIONS
 Owned 44 + Day surgery/CRADLE 21 + Managed 5 = **Total Capacity 70**
 (Tertiary, Super Speciality & Secondary Care)

Outlets 3496
 Across 20 states & 4 Union Territories

Largest Pharmacy Chain in India

- Primary Clinics – 104
- Sugar Clinics – 27
- Dental Clinics – 66
- Birthing centres – “CRADLE” - 12
- Day Care Centres – 12
- Diagnostic Centres – 567
- Dialysis - 28

- Gross Written Premium (GWP) of ₹ 4,866 Mn in Q1FY20
- Assets under Management of ₹ 16,050 Mn as of Jun 19
- 192 offices across the country

Employed + “Fee for service” Doctors 10,000 + + **Nurses 12,000 +** + **Paramedics 5,000 +**

JCI accreditation **8** NABH accreditation **23**

Largest Hospital Network in India

Financial Year	Number of Beds	Pharmacy stores	Revenue (₹ Mn)
2000	1500+	25	2684
2005	4000+	170	6621
2010	7900+	1049	20265
2018	9800+	3021	82435
2019	10100+	3428	96174

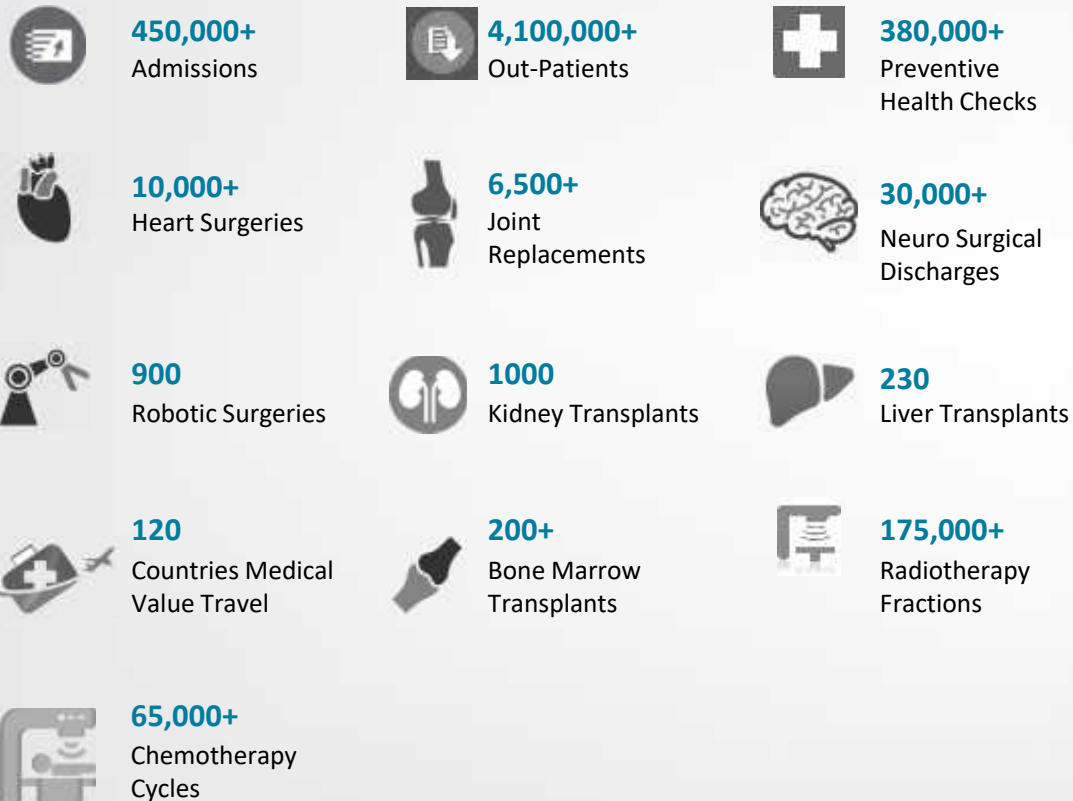
Source: Company audited Consolidated financials and Q4FY19 Earnings Update.

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



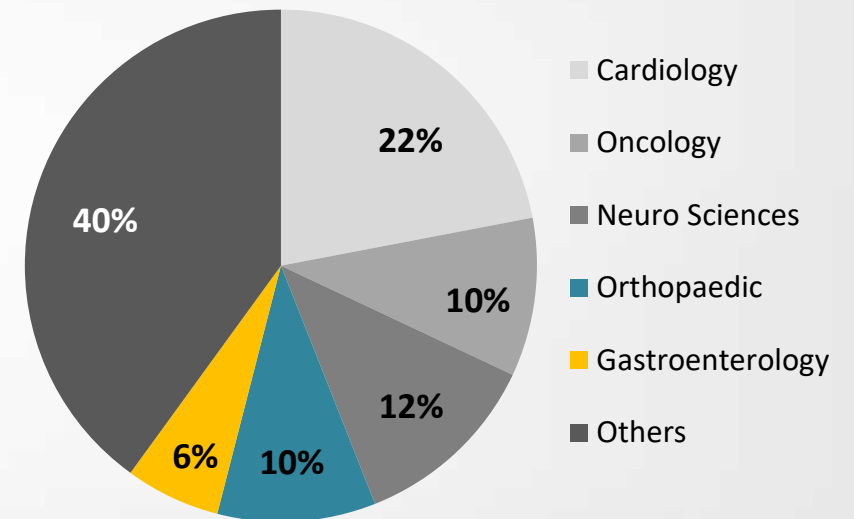
BUSINESS SNAPSHOT (2/2)

FY19 at Apollo Hospitals*



* FY19 info for owned hospitals only. Does not include managed hospitals

High-end tertiary care practice contributes to **60%** of Net revenues#



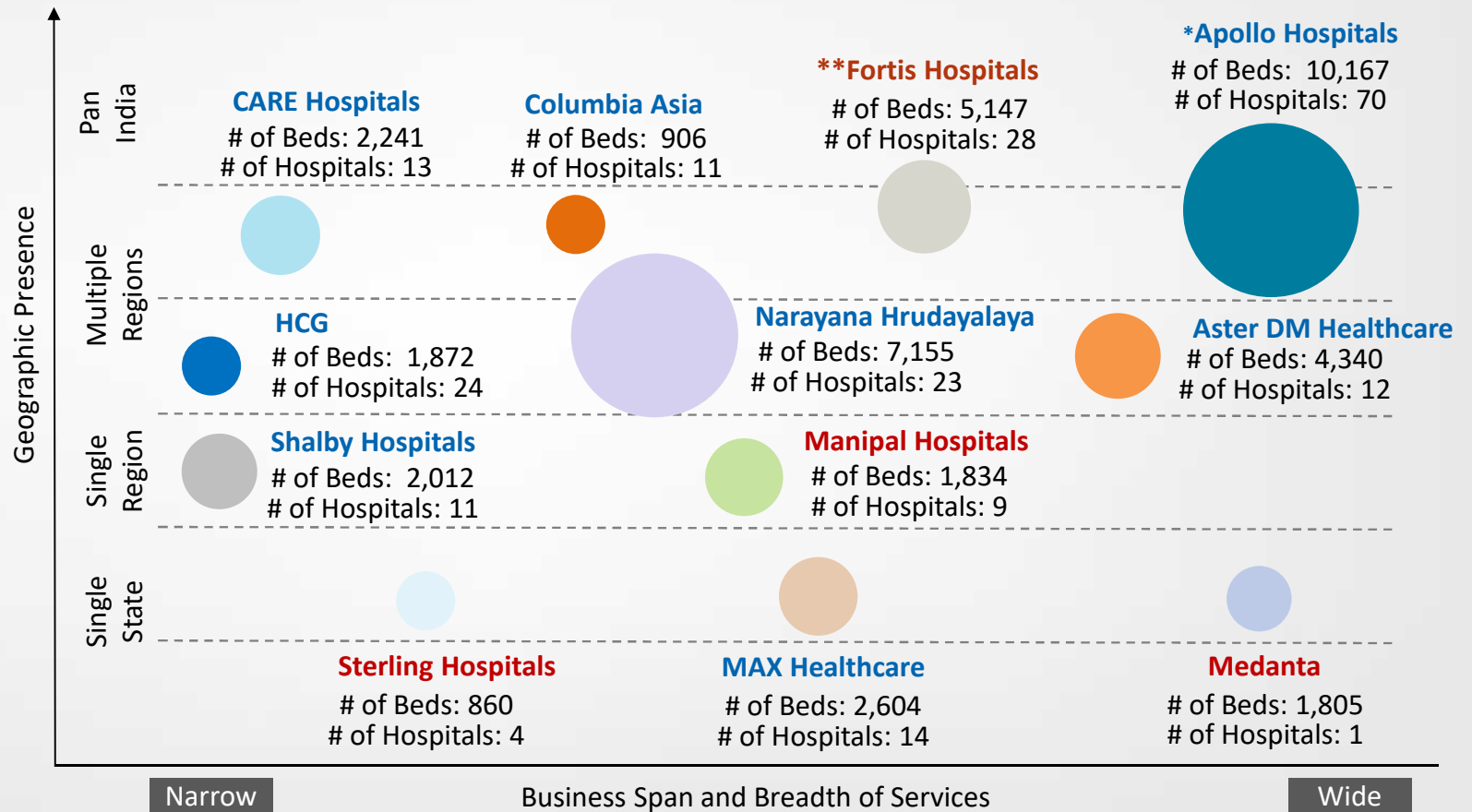
FY 19 In-patient Revenues | Source: Company MIS reports



PAN INDIA PRESENCE (1/2)

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

Leading Hospital Players in India



Source: Company Reports, CRISIL Research

*Beds as on 30th Jun 2019

** Fortis presentation (Demerger of hospitals busn. of Fortis into Manipal) as of March 2018, publicly available on Fortis Healthcare Ltd.'s website



PAN INDIA PRESENCE (2/2)

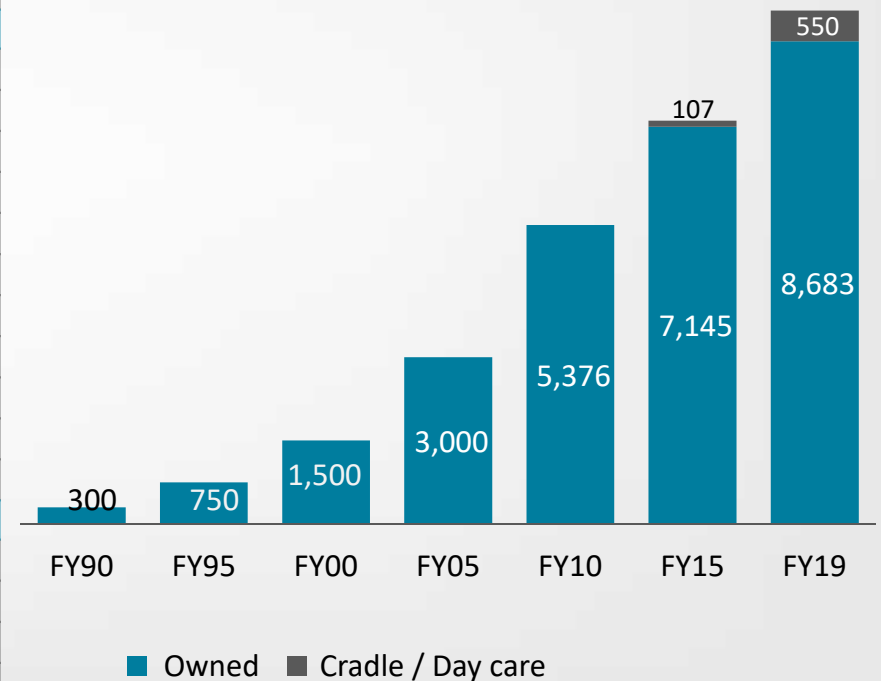
Details of beds under operation*

Category wise	Capacity Beds	Operational Beds	No. of Hospitals
Owned Hospitals	8,683	7,246	44
Day care centres/ CRADLE	550	550	21
Managed Hospitals	934	934	5
Grand Total	10,167	8,730	70
Cluster wise (owned hospitals)			
Chennai	1,696	1,511	11
Hyderabad	959	839	5
Kolkata	706	700	2
Delhi	790	715	2
Bangalore	627	556	3
Mumbai	478	225	1
Ahmedabad	320	263	2
Tamilnadu (outside Chennai)	808	650	6
Bhubaneswar	290	285	1
Other India	2,009	1,604	11
Grand Total	8,683	7,348	44
Maturity wise (owned hospitals)			
Mature (> 10 years)	4,931	4,548	23
5 – 10 years	1,029	926	8
0 – 5 years	2,723	1,874	13
Grand Total	8,683	7,348	44

*Beds as on 30th Jun 2019

Bed Growth

Owned Beds
CAGR (FY05-19) **7.9%**





02

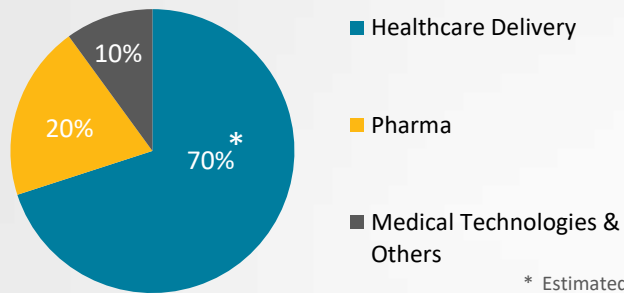
**ATTRACTIVE
INDUSTRY OPPORTUNITY**



HUGELY UNDER-PENETRATED MARKET WITH ATTRACTIVE DYNAMICS (1/2)

Demand for healthcare services in India is expected to rise owing to favorable demographics. Private sector players are well-positioned to leverage this opportunity given low contribution of government spending.

Indian Healthcare Delivery



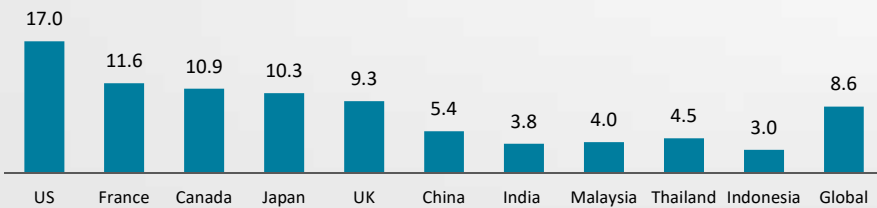
Source: Frost & Sullivan
 *Source: CRISIL Research

* Estimated to be c.US\$60bn¹ in FY19 and is estimated to grow to over US\$120bn¹ by FY23P largely expected to be driven by in-patient revenues

Health Expenditure in India

% of GDP vs. other countries

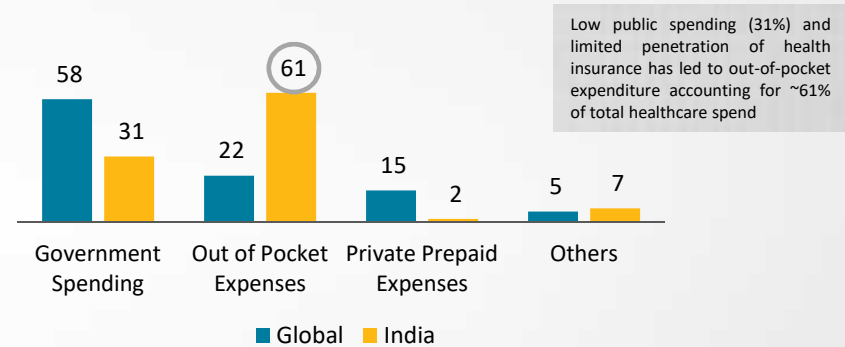
India's healthcare expenditure as % of GDP was 3.8% (Government spends 1.2%) as compared to global average of 8.6% (Government spends 5.0%)



Source: WHO – World Health Statistics 2015

Healthcare Expenditure Composition (%)

Spending driven by out of pocket component

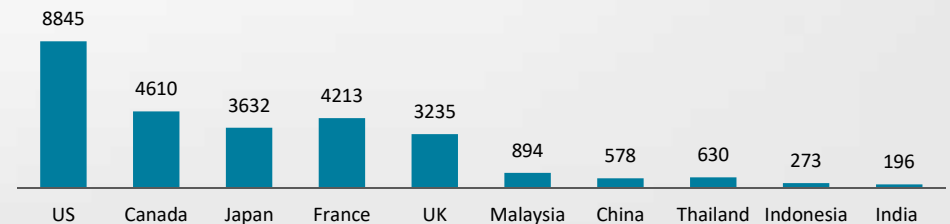


Low public spending (31%) and limited penetration of health insurance has led to out-of-pocket expenditure accounting for ~61% of total healthcare spend

Source: WHO – World Health Statistics 2015

Per capita vs. other countries (\$)

Per capita healthcare expenditure at \$196 is among the lowest in the world when compared to \$8,845 in the U.S., \$3,235 in the U.K. and \$578 in China



Source: WHO – World Health Statistics 2015

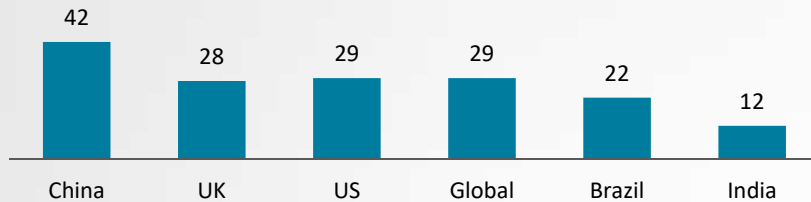


HUGELY UNDER-PENETRATED MARKET WITH ATTRACTIVE DYNAMICS (2/2)

Beds per 10,000 people

India lags behind other developed and emerging economies in healthcare infrastructure

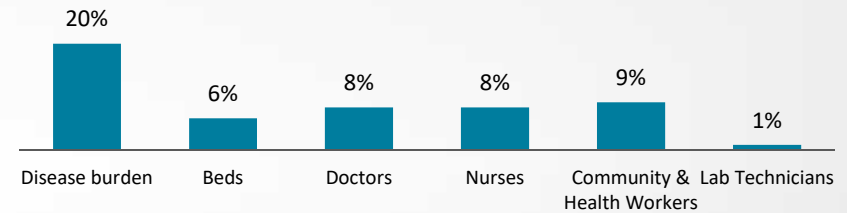
Healthcare infrastructure gap remains substantial, with only **12** beds per **10,000** population, significantly lower than the other countries and the global median of **29** beds per **10,000** population



Source: CRISIL Research

Healthcare Infrastructure in India

India's share in global disease burden is **20%**, while its share of healthcare infrastructure is much lower with only **6%** of global hospital beds and **8%** share of doctors and nursing staffs



Source: FICCI and E&Y. Note: Data for India's share in world health parameters

Comparison of India vs. other countries in Healthcare infrastructure parameters

Per 10,000 population	China	India	Indonesia	Malaysia	Singapore	Thailand	Australia	USA
Health Workforce Density								
Physicians	14.6	6.5	2.0	12.0	19.2	3.0	38.5	24.2
Nurses and midwives	15.1	10.0	13.8	32.8	63.9	15.2	95.9	98.2
Dental	0.4	0.8	0.4	1.4	3.3	0.7	6.9	16.3
Infrastructure								
Hospital beds	39	9	6	18	27	21	39	30

Source: WHO – World Health Statistics 2013

Investment required to meet demand supply gap

In order to meet the global median of 30 beds per 10,000 population, India will need to invest over ₹14 trillion (\$230 bn)

Source: CRISIL Research



RAPID DEMAND GROWTH DRIVEN BY

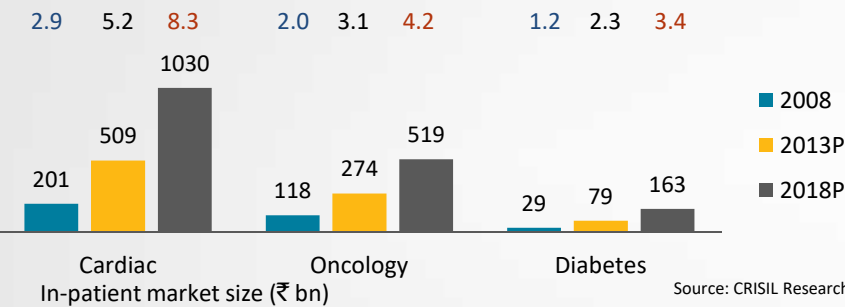
Demographic shifts, changing consumption patterns and increasing affordability makes India one of the fastest growing healthcare delivery markets globally.

Non communicable life style diseases

Increasing in-patient volumes due to non-communicable life style diseases

Market Size CAGR (2008-18)	Cardiac	Oncology	Diabetes
	18%	16%	19%

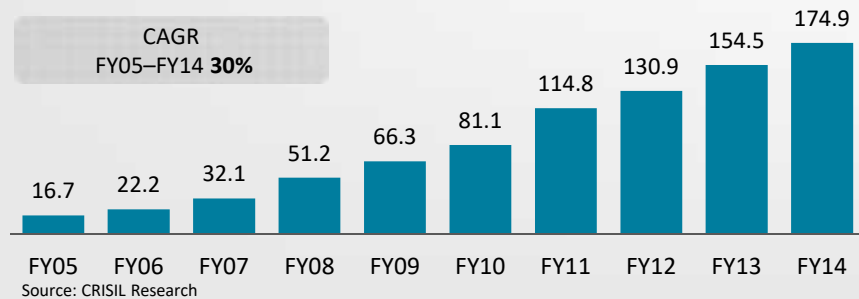
No. of hospitalized cases (mn)



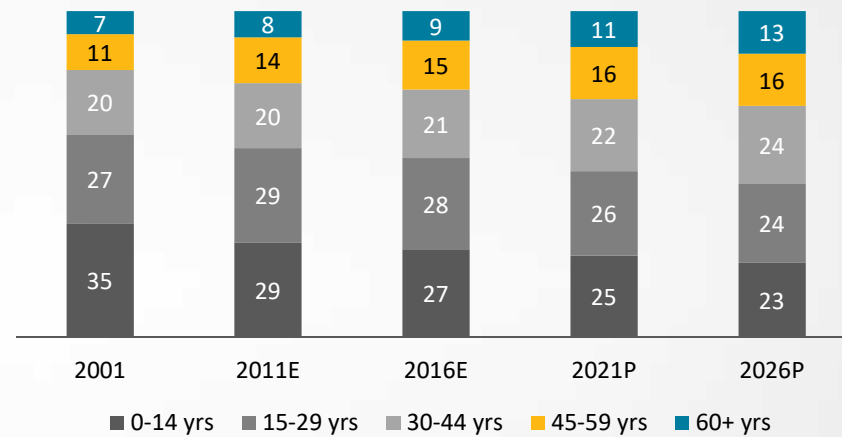
Increasing Penetration of Health Insurance

Rising health insurance premium with rising income levels and awareness (₹ Bn)

Higher health insurance penetration allows greater access to quality healthcare



India: Demographic shift (% of population by age group)

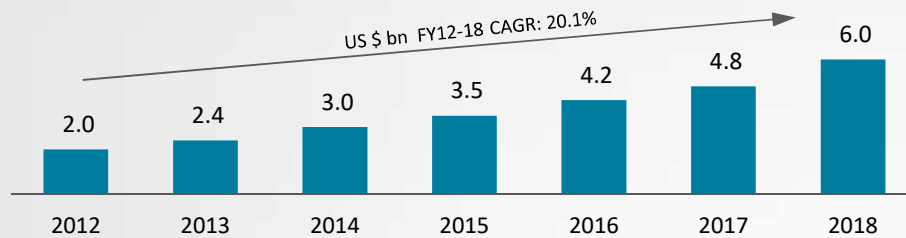


Growing working class population between ages 45 and 60 from 22% in 2011 to a projected 29% in 2026

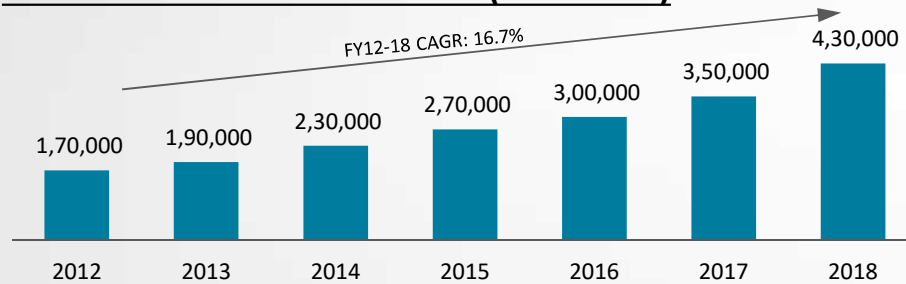


MEDICAL TOURISM TO REACH \$6 BN BY 2018 FROM \$ 3.5 BN (1/2)

Indian Medical Tourism Industry (US\$bn) (2012-2018)



Medical Tourist Arrival in India (2012-2018)



Medical Tourists Arrival in India by Region (%)



Source: Ministry of Tourism, Confederation of Indian Industry (CII), RNCOS, News.

01

The Indian medical tourism industry is expected to reach **US\$6bn** registering a **c.20%** CAGR for the period FY12-18

02

The total **foreign medical tourist** arrivals in **India** is expected to **increase** almost **2.5 times** from c.0.17mn in 2012 to c.0.4mn in 2018

03

Growth in medical tourism expected primarily due to (i) quality **infrastructure** (ii) highly **skilled doctors**; (iii) lower **cost** of treatment and (iv) **government policies** (visas)

04

Medical tourist from **Asia Pacific** region to continue to constitute **majority share**. Contribution of **MENA** and **Europe** regions is expected to **increase** going forward

INDIA HAS THE POTENTIAL TO OUTPERFORM OTHER ASIAN COUNTRIES OVER THE NEXT DECADE DRIVEN BY INCREASED FOCUS ON QUALITY AND OUTCOMES



Comparison of major medical tourism destinations in Asia

	Size (US \$bn (2012))	Number of medical tourists 2012	JCI accredited healthcare Facilities	Average saving % as compared to the U.S.	Popular treatment option
Thailand	3,905	2,530,000	37	50 to 75	Alternative medicine, cosmetic surgery, dental care, gender realignment, heart surgery, obesity surgery, oncology and Orthopaedics
India	2,000	170,000	21	65 to 90	Cardiology, Orthopaedics, nephrology, oncology and Neuro surgery
Malaysia	192	671,000	13	65 to 80	Cardiology, oncology, orthopaedic, obstetrics and gynaecology
Singapore ¹	705	494,000	21	30 to 45	Cardiology, ophthalmology, oncology and anti-ageing
Indonesia	NA	NA	17	NA	Cosmetic surgery and dentistry procedures
Taiwan	313	173,311	13	40 to 55	Orthopaedics, fertility treatment, cardiology and cosmetic surgery

Source: KPMG – FICCI – Medical Value Travel in India (Sep 2014), RNCOS.

¹Estimated values for Singapore

Medical tourism is a burgeoning industry in India

India is competitive in healthcare costs as compared to the developed countries and other nations in Asia. It offers the same standards and quality care at a substantially lower cost.

Cost of key treatment procedures

Ailments (US\$)	US	UK	Thailand	Singapore	India
Heart Surgery	1,00,000	40,000	14,000	15,000	5,000
Bone Marrow Transplant	2,50,000	2,90,000	62,000	1,50,000	30,000
Liver Transplant	3,00,000	2,00,000	75,000	1,40,000	45,000
Knee Replacement	48,000	50,000	8,000	25,000	6,000

Source: CRISIL Research



03

EXCELLENCE IN PRACTICE



LEADERS IN CLINICAL EXCELLENCE



- ~ **300 Clinicians** across the network
- Over **10,000** heart surgeries in FY19

22%
Net Revenues



- ~ **250 Clinicians** across the network
- Over **6,500** Joint Replacements in FY19

10%
Net Revenues



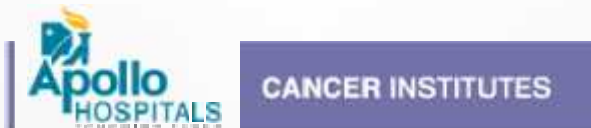
- ~ **200 Clinicians** across the network
- Over **30,000** Neuro surgical discharges in FY19

12%
Net Revenues



- **Busiest Solid Organ Transplant Program in the world since 2012**
- 1000 Kidney Transplants and 230 Liver Transplants in FY19
- Over **18,000 transplants** since inception

2%
Net Revenues



- ~ **180 Clinicians** across the network
- Celebrating **1,000 BMTs** since inception

10%
Net Revenues



- **200,000** emergency footfalls annually



PIONEERS IN TECHNOLOGY ADOPTION



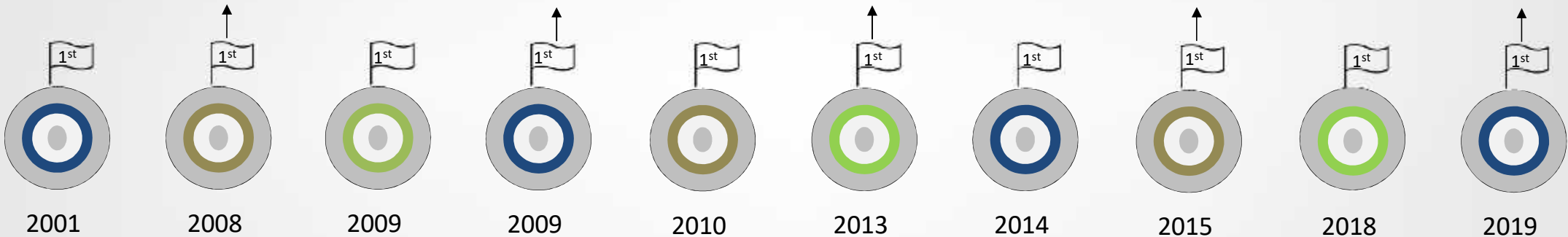
First Toshiba **Aquillion ONE 320-slice** dynamics multi-detector computed tomography (“CT”) scanner in India

- The **G4 Cyberknife** Robotic Radiosurgery System, Asia-Pacific’s most advanced cancer treatment
- The **Novalis Tx™** Radiotherapy and Radiosurgery system

The **True Beam STx** set up

Toshiba’s first **160 slice CT** scanner in India

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



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

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

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

- **3.0 Tesla MRI system** from Philips - model Ingenia 3.0T,
- First **Ingenuity TF 128 PET CT** at Apollo Gleneagles, Kolkata in the world

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



SERVICE EXCELLENCE, THE MINTMARK OF APOLLO

Apollo Service standards

- Focus on ‘critical customer’ touch points
- 1006 important standards spread over five areas (In Patient, Out Patient, House Keeping, Grooming and Preventive Health Check)
- Certified Service Professional program initiated in all units.
- 208 Android devices strategically installed in 20 locations to improve the capture ratio of patient feedback
- Patients can voice out their experience in less than 20 seconds using icons
- Application generates more than 26 reports instantly with various data cuts
- Monthly Customer intelligence report used to drive improvements and innovations in the health system
- Culture of patient Centricity
- Fundamental concept – ‘Doctor’ will be decision maker and acting CEO for the ward
- All allied health care professionals and administrators will report to the “Ward Doctor”
- Promotes close working between clinical and non-clinical teams with one line of command to resolve patient related challenges
- A unique one touch button “ Dial 30 “ concept that tracks all non- clinical patient requests (Food & Beverage/ Housekeeping/ Engineering.

Apollo Instant Feedback Mechanism

Voice of Customer

Wards As A Unit Concept

Dial 30

TASCC (The Apollo Standards of Clinical Care)

AQP
Apollo Quality Programme

ACE @25
Apollo Clinical Excellence score card

RACE
Balanced score card for COEs

Programme for Standardization of processes for clinical handovers, medication safety, patient identification, verbal orders, handwashing compliance & falls prevention

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

ACPP
Apollo Clinical Policies, Plans & Procedures

AMR
Apollo Morality Review

AIRS
Apollo Incident Reporting System

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

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

Mechanism for tracking incidents that pose a safety risk to patients



04

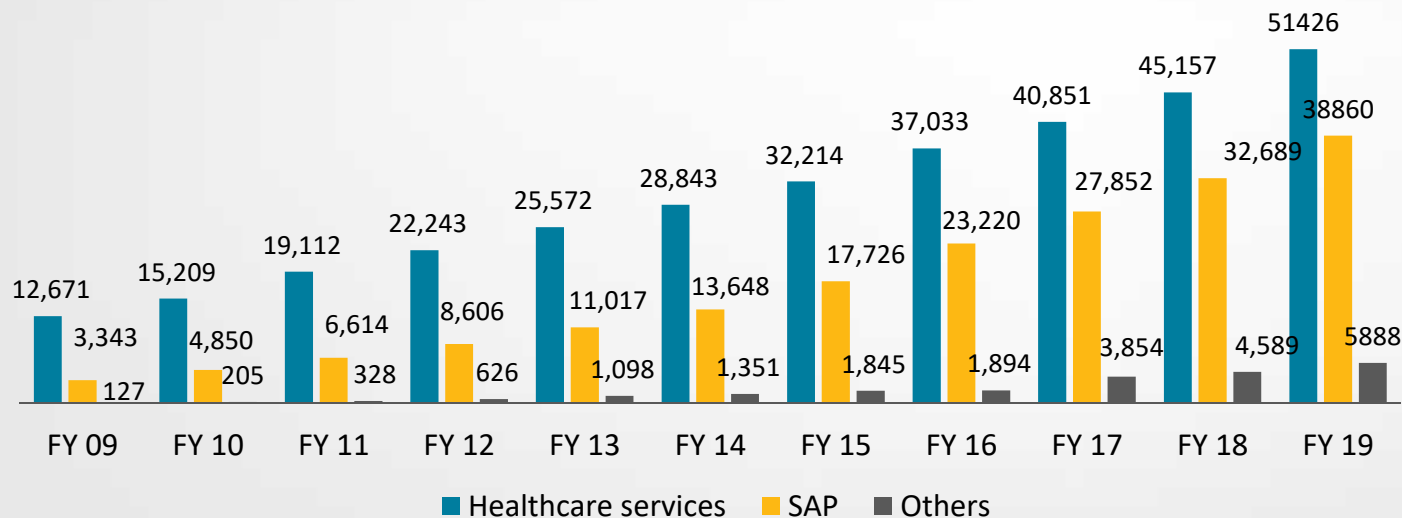
**STRONG FINANCIAL &
OPERATING TRACK RECORD**



STRONG GROWTH IN REVENUES ACROSS BUSINESSES ...

Total Consolidated Revenues ⁽¹⁾ (₹ Mn)

FY 19 Consolidated Revenues of \$ 1.3 billion ⁽²⁾



Consolidated Revenues CAGR (FY13-19) of 17%.

Healthcare services Revenue CAGR (FY13-19) of 12%.

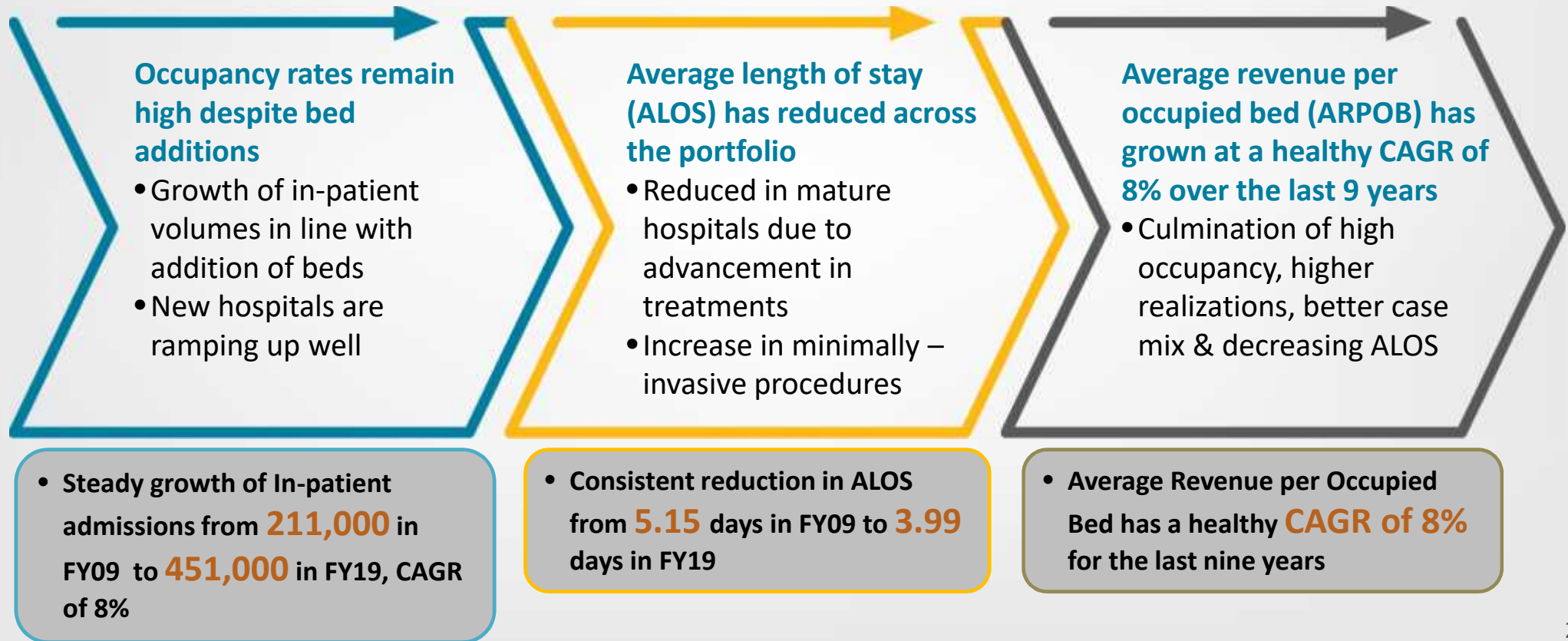
Standalone Pharmacies Revenue CAGR (FY13-19) of 23%.

(1) Revenue is net of fees paid to fee-for-service consultants in Hospitals
 (2) Revenues of Kolkata, Delhi & Lucknow are not consolidated under Ind AS due to joint control
 Others segment above includes AHLL & Apollo Munich till FY15 and post that only AHLL as Apollo Munich is not consolidated.
 Source: Company audited financials



... AIDED BY STRONG OPERATING METRICS (1/2)

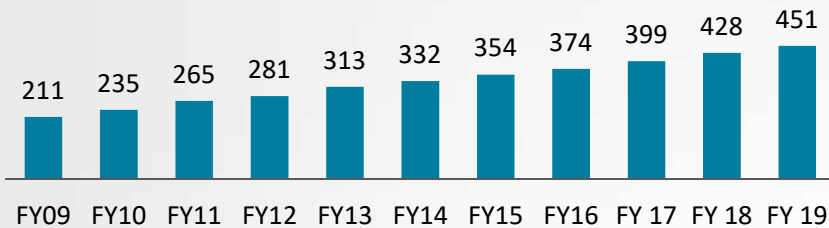
Operational Highlights



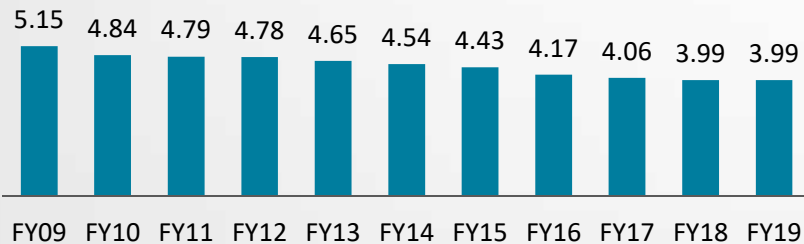


... AIDED BY STRONG OPERATING METRICS (2/2)

In-patient Admissions ('000)



Average Length of Stay (Days)⁽³⁾



Note: All operating data for owned hospitals.

(1) Bed Occupancy Rate: Total Occupied Bed Days/Total Operating Bed Days.
Represents % of available hospital beds occupied by patients.

(2) Excludes our hospitals located outside India.

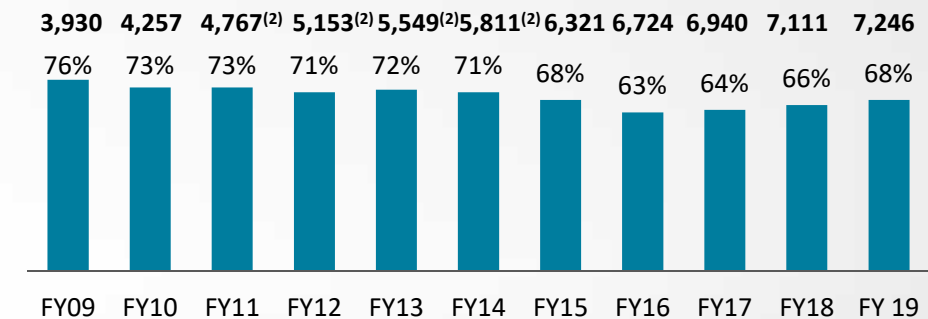
(3) ALOS represents average number of days patients stay in our hospitals.

(4) ARPOB (Net of doctor fees): Total Hospital Revenue/Patient Days (Total Occupancy in Numbers (Average Daily Census) x No of days).

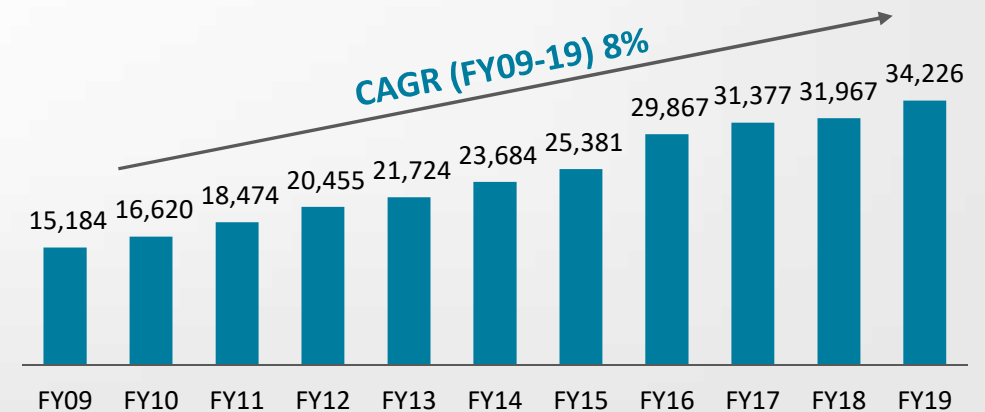
Source: Company MIS reports

Bed Occupancy Rate⁽¹⁾ %

Operating Beds



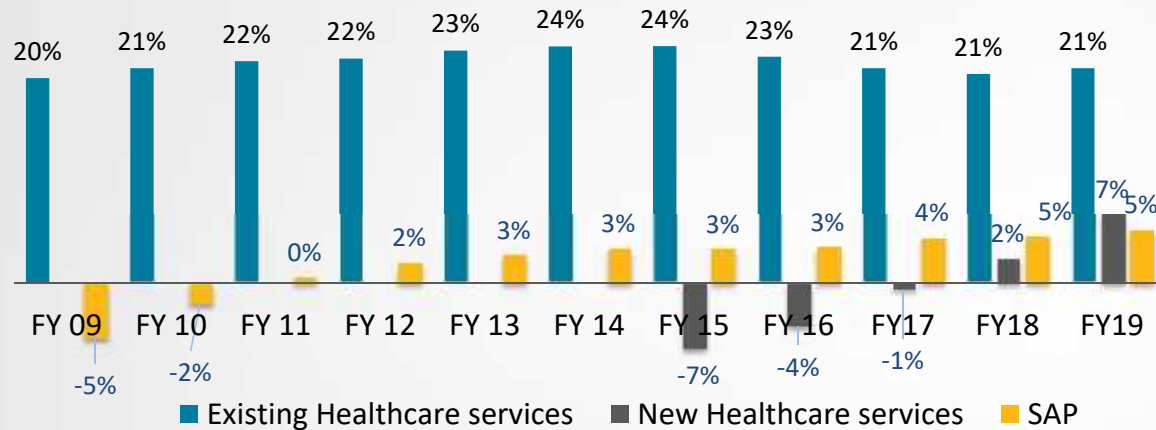
Average Revenue Per Occupied Bed⁽⁴⁾ ARPOB (₹/Day)





... RESULTING IN CONSISTENT PROFITABILITY

Segment wise EBITDA Margins (%)



Consolidated reported EBITDA includes 3 separate businesses with different margin profiles; Healthcare Services (55% of total Revenues), Standalone Pharmacies (39% of total Revenues) and Retail Healthcare (AHLL) (6%).

Standalone Pharmacies which has an inherent margin profile of 5-7% as compared to 20%-24% for Healthcare Services has been increasing over the past 3-4 years.

Source: Company audited financials

Mature Hospitals **EBITDA margin expansion of 200-300 bps** over the next 3 years.

13 New hospitals with 2,700+ beds added in the last few years with over ₹ 2,200 crs of Capital employed will contribute meaningfully to EBITDA over the next 3-4 years.

AHLL which represents the Company's foray into Retail Healthcare business with **AHEL investment** of over \$ 55 mn is in its formative years & expected to yield returns over the next 2-3 years.



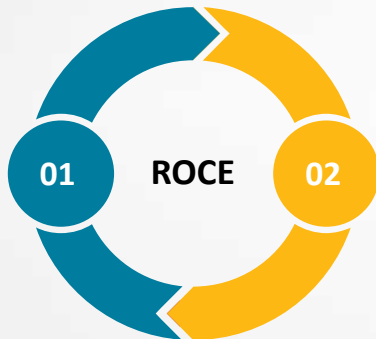
... AND HEALTHY RETURN ON INVESTMENT

Steady Improvement in Return on Capital Employed (ROCE)

Efficiency (Asset Turnover)

Efficient use of capital

- Lower investment per bed
- Strong project execution capabilities
- Higher utilization of key facilities & equipments
- Quick ramp up of new hospitals— increasing patient flow & occupancy



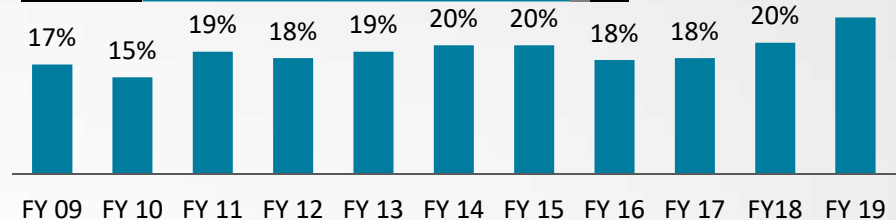
Profitability

Higher revenue & profitability

- Balanced out-patient & in-patient mix
- Reduced ALOS
- Increasing ARPOB
- Improving case mix

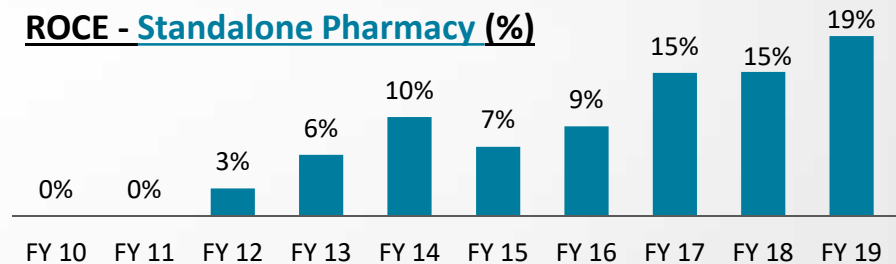
Source: Company audited financials

ROCE - Mature Healthcare Services (%)[#]

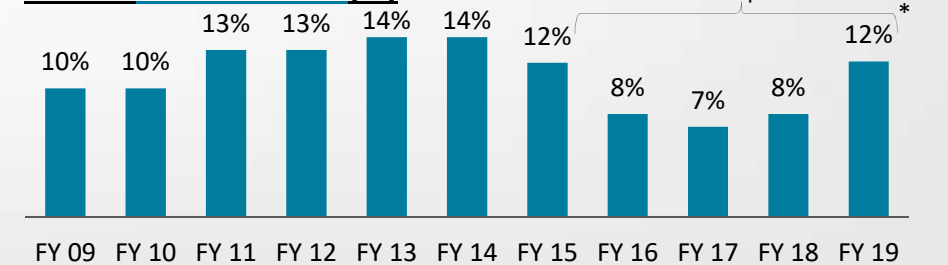


ROCE of healthcare services excludes new hospitals (Vanagaram, Jayanagar, Trichy, Nashik, Karapakkam, Nellore, OMR, Vizag new, Malleswaram, Navi Mumbai, Indore, Assam) as their contribution to EBIT is yet to be realised. New hospitals Capital employed of Rs 21,916 mn as of Mar 19.

ROCE - Standalone Pharmacy (%)



ROCE - Consolidated (%)[#]



* FY 19 ROCE (excluding capital employed of New Hospitals and Clinics) is at 25%

Excludes CWIP & Investments in liquid mutual funds



STANDALONE PHARMACIES: CAPTURING THE GROWTH POTENTIAL

- India's largest Organized Pharmacy Chain with presence in ~400 cities/ towns spread across 20 States and 4 union territories.
- 3,428 Operating Stores as on 31st March 2019.
- Employee Strength of 22,000 people serving ~ 300,000 customers 24 X 7 everyday
- Consistent growth in Revenues & EBITDA improvement. Same store growth of ~ 10%.
- Own brand private labels (FMCG & OTC drugs) constitutes over 6% of turnover.
- Attractive, **best-in-class ROCE at 19% (FY19)**

Proven ability to expand the store network



Pharmacy store ramp up

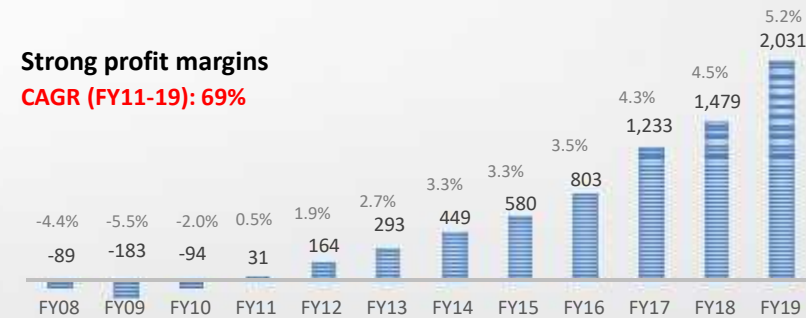
Well established track record of growth



Revenues (₹ Mn)

Strong profit margins

CAGR (FY11-19): 69%



EBITDA (₹ Mn) & Margins

Source: Company audited financials and MIS reports



Q1 FY 20: FINANCIAL PERFORMANCE (1/6)

Standalone Financials (₹ Mn)

	Q1 FY 19	Q1 FY 20	yoy (%)
Revenue	19,104	22,292	16.7%
Operative Expenses	10,092	11,631	15.2%
Employee Expenses	2,959	3,528	19.3%
Administrative & Other Expenses	3,787	3,875	2.3%
Total Expenses	16,837	19,034	13.0%
EBITDA (Pre Ind AS 116)	2,267	2,742	21.0%
<i>margin (%)</i>	11.86%	12.30%	43 bps
EBITDA (Post Ind AS 116)	2,267	3,258	43.7%
<i>margin (%)</i>	11.86%	14.62%	275 bps
Depreciation	724	1098	51.7%
EBIT	1,543	2,160	40.0%
<i>margin (%)</i>	8.07%	9.69%	162 bps
Financial Expenses	621	999	61.0%
Other Income	21	47	131.4%
Profit Before Tax	942	1208	28.2%
Profit After Tax	602	793	31.9%
<i>margin (%)</i>	3.15%	3.56%	41 bps

Total Debt		32,184	
Cash & Cash equivalents (includes		2,873	
Net Debt		29,311	

Revenues of ₹ 22,292 mn, 16.7% yoy growth
 EBITDA (Pre Ind AS 116) at ₹ 2,742 mn, 21.0% yoy growth
 PAT at ₹ 793 mn, 31.9% yoy growth

Consolidated Financials (₹ Mn)

	Q1 FY 19	Q1 FY 20	yoy (%)
Total Revenues	22,105	25,719	16.4%
EBITDA (Pre Ind AS 116)	2,324	2,945	26.7%
<i>margin (%)</i>	10.52%	11.45%	93 bps
EBITDA (Post Ind AS 116)	2,324	3,637	56.5%
<i>margin (%)</i>	10.52%	14.14%	363 bps
EBIT	1,405	2,252	60.3%
<i>margin (%)</i>	6.35%	8.76%	240 bps
Profit After Tax	339	572	68.70%

Total Debt		36,927	
Cash & Cash equivalents (includes investment in liqui		4,361	
Net Debt		32,566	

Revenue of ₹ 25,719 mn, 16.4% yoy growth
 Consolidated EBITDA (Pre Ind AS 116) at ₹ 2,945 mn, 26.7% yoy growth
 Consolidated PAT at ₹ 572 mn, 68.7% yoy growth



Q1 FY 20: SEGMENT-WISE PERFORMANCE (2/6)

Standalone Financials (₹ mn)

		Healthcare Services (Mature)	New Hospitals	Proton	Healthcare Services (Total)	SAP	Standalone
Q1 FY 20	Hospitals	22	10		32		
	Operating beds	3,348	1,449		4,797		
	Occupancy	65%	58%		63%		
	Revenue	9,165	2,552	8	11,724	10,568	22,292
	EBITDA (Pre Ind AS 116)	2,023	213	-81	2,155	587	2,742
	margin (%)	22.1%	8.4%		18.4%	5.6%	12.3%
	EBITDA (Post Ind AS 116)	2,117	275	-78	2,315	944	3,258
	margin (%)	23.1%	10.8%		19.7%	8.9%	14.6%
	EBIT	1,662	16	-102	1,576	584	2,160
	margin (%)	18.1%	0.6%		13.4%	5.5%	9.7%
Q1 FY 19	Hospitals	22	10		32		
	Operating beds	3,345	1,332		4,677		
	Occupancy	65%	57%		63%		
	Revenue	8,064	2,120	0	10,183	8,921	19,104
	EBITDA (Pre Ind AS 116)	1,742	108	0	1,849	417	2,267
	margin (%)	21.6%	5.1%		18.2%	4.7%	11.9%
	EBIT	1,344	-134	0	1,210	333	1,543
	margin (%)	16.7%			11.9%	3.7%	8.1%
YOY Growth							
Revenue Growth		13.7%	20.4%		15.1%	18.5%	16.7%
EBITDA Growth		16.1%			16.5%	40.5%	21.0%
EBIT Growth		23.6%			30.3%	75.5%	40.0%

Q1 FY 20: SEGMENT-WISE PERFORMANCE (3/6)



Consolidated Financials (₹ mn)

		Healthcare Serv Group (Mature)	Healthcare Serv Group (New & Others)	Proton	Healthcare Serv Group (Total)	SAP	AHLL	Consol
Q1 FY 20	Hospitals	31	13		44			
	Operating beds	5474	1,874	0	7,348			
	Occupancy	68%	61%		66%			
	Revenue	10,320	3,201	8	13,528	10,568	1,622	25,719
	EBITDA (Pre Ind AS 116)	2,239	248	-81	2,406	587	-47	2,945
	margin (%)	22.7%	9.8%		19.1%	8.9%		14.1%
	EBITDA (Post Ind AS 116)	2,346	315	-78	2,583	944	110	3,637
	margin (%)	17.5%	1.3%		12.9%	5.5%		8.8%
	EBIT	1,807	40	-102	1,746	584	-77	2,252
margin (%)	17.5%			12.9%	5.5%		8.8%	
Q1 FY 19	Hospitals	31	12		43			
	Operating beds	5,448	1,645		7,093			
	Occupancy	67%	62%		65%			
	Revenue	9,162	2,699		11,862	8,921	1,322	22,105
	EBITDA	1,943	155		2,099	417	-191	2,324
	margin (%)	21.2%	5.7%		17.7%	4.7%		10.5%
	EBIT	1,479	-102		1,378	333	-306	1,405
	margin (%)	16.1%			11.6%	3.7%		6.4%
YOY Growth								
Revenue Growth	12.6%	18.6%		14.0%	18.5%	22.7%	16.4%	
EBITDA Growth	15.2%			14.6%	40.5%		26.7%	
EBIT Growth	22.2%			26.7%	75.5%		60.3%	



Q1 FY 20: HOSPITAL CLUSTER - WISE OPERATIONAL PERFORMANCE (4/6)

Particulars	Total ⁽⁸⁾			Tamilnadu Region (Chennai & others) ⁽¹⁾			AP, Telengana Region (Hyderabad & others) ⁽²⁾		
	Q1 FY 19	Q1 FY 20	yoy (%)	Q1 FY 19	Q1 FY 20	yoy (%)	Q1 FY 19	Q1 FY 20	yoy (%)
No. of Operating beds	7,093	7,348		2,120	2,161		1,344	1,344	
Inpatient volume	1,07,654	1,14,043	5.9%	30,244	31,518	4.2%	18,556	18,642	0.5%
Outpatient volume ⁽⁶⁾	3,70,926	3,97,220	7.1%	1,29,791	1,30,996	0.9%	59,762	59,585	-0.3%
Inpatient ALOS (days)	3.92	3.87		3.58	3.48		3.97	3.96	
Bed Occupancy Rate (%)	65%	66%		56%	56%		60%	60%	
Inpatient revenue (₹ mio)	NA	NA		3,466	3,978	14.8%	1,946	2,182	12.1%
Outpatient revenue (₹ mio)	NA	NA		1,226	1,382	12.7%	390	431	10.4%
ARPOB (₹ /day) ⁽⁷⁾	33,760	37,167	10.1%	43,391	48,833	12.5%	31,705	35,401	11.7%
Total Net Revenue (₹ mio) ⁽⁷⁾	NA	NA		4,692	5,360	14.2%	2,336	2,613	11.8%

Notes:

(1) Tamilnadu region includes Chennai hospitals, Madurai, Karur, Karaikudi, Trichy & Nellore.

(2) AP, Telangana Region includes Hyderabad, Karimnagar, Vizag old, Vizag new & Kakinada.

(3) Karnataka region includes Bangalore, Mysore, Jayanagar & Malleswaram.

(4) Others include Bhubaneswar, Bilaspur, Nashik & Navi Mumbai.

(5) Significant Hospital JVs/Subs/Associates are – Ahmedabad, Kolkata, Delhi, Indore, Assam & Lucknow (full revenues shown in table above).

(6) Outpatient volume represents New Registrations only.

(7) Revenues under Ind AS have been grossed up for Fixed fee Doctors & considered separately as operating cost. This was earlier being netted off from Revenues under Indian GAAP.

(8) Revenues under the head “Total” have not been provided as Consolidated actual results will differ from total. Revenues from JVs & Associates are not consolidated under Ind AS.

* Inpatient volumes are based on discharges.



Q1 FY 20: HOSPITAL CLUSTER - WISE OPERATIONAL PERFORMANCE (5/6)

Particulars	Karnataka Region (Bangalore & others) ⁽³⁾			Others ⁽⁴⁾			Significant Subs/JVs/associates ⁽⁵⁾		
	Q1 FY 19	Q1 FY 20	yoy (%)	Q1 FY 19	Q1 FY 20	yoy (%)	Q1 FY 19	Q1 FY 20	yoy (%)
No. of Operating beds	706	770		872	910		2,051	2,163	
Inpatient volume	12,557	13,826	10.1%	15,299	16,238	6.1%	30,998	33,819	9.1%
Outpatient volume ⁽⁶⁾	34,389	41,212	19.8%	34,124	34,378	0.7%	1,12,860	1,31,049	16.1%
Inpatient ALOS (days)	3.70	3.58		4.02	4.10		4.27	4.19	
Bed Occupancy Rate (%)	72%	71%		77%	80%		71%	72%	
Inpatient revenue (₹ mio)	1,306	1,496	14.5%	1,228	1,420	15.7%	3,390	3,938	16.2%
Outpatient revenue (₹ mio)	238	272	13.9%	225	266	18.4%	790	925	17.0%
ARPOB (₹ /day) ⁽⁷⁾	33,208	35,730	7.6%	23,640	25,311	7.1%	31,616	34,353	8.7%
Total Net Revenue (₹ mio) ⁽⁷⁾	1,545	1,767	14.4%	1,453	1,687	16.1%	4,181	4,863	16.3%

Notes:

(1) Tamilnadu region includes Chennai hospitals, Madurai, Karur, Karaikudi, Trichy & Nellore.

(2) AP, Telangana Region includes Hyderabad, Karimnagar, Vizag old, Vizag new & Kakinada.

(3) Karnataka region includes Bangalore, Mysore, Jayanagar & Malleswaram.

(4) Others include Bhubaneswar, Bilaspur, Nashik & Navi Mumbai.

(5) Significant Hospital JVs/Subs/Associates are – Ahmedabad, Kolkata, Delhi, Indore, Assam & Lucknow (full revenues shown in table above).

(6) Outpatient volume represents New Registrations only.

(7) Revenues under Ind AS have been grossed up for Fixed fee Doctors & considered separately as operating cost. This was earlier being netted off from Revenues under Indian GAAP.

(8) Revenues under the head "Total" have not been provided as Consolidated actual results will differ from total. Revenues from JVs & Associates are not consolidated under Ind AS.

* Inpatient volumes are based on discharges.

Q1 FY 20: STANDALONE PHARMACY OPERATIONAL PERFORMANCE (6/6)



Q1 FY 20 Revenues

₹ 10,568 mn
18% yoy growth

Q1 FY 20 EBITDA

₹ 587 mn	₹ 417 mn
Q1 FY 20	Q1 FY 19

EBITDA Margins

5.6%	4.7%
Q1 FY 20	Q1 FY 19

of Stores 30 Jun 19

Q1 FY 20	Added	97
	Closed	27
	Total	3,496

Gross addition of
97 stores
And closed
27 in Q1 FY 20

SAP revenue
grew by 18%
EBITDA grew by
41%

ROCE
>30%
Mature stores
Pre FY12 batch.

Like-for-like Revenue per store growth

6% (yoy)
Pre FY12
Batch

EBITDA margins
8.3%
Mature stores
upto FY12 batch

Overall ROCE of
24% for entire
business
segment

Batch	Particulars	Q1 FY 19	Q1 FY 20	yoy (%)
Upto FY 12 Batch	No of Stores	1,131	1,100	
	Revenue/store	3.73	3.96	6.3%
	EBITDA /store	0.27	0.33	20.8%
	EBITDA Margin %	7.3%	8.3%	99 bps
FY 13 to FY 15 Batch	No of Stores	620	608	
	Revenue/store	3.19	3.42	7.0%
	EBITDA /store	0.19	0.24	25.6%
	EBITDA Margin %	5.9%	6.9%	102 bps
Total	No. of Store	3,085	3,496	
	Revenue / Store	2.89	3.02	4.5%
	EBITDA / Store	0.14	0.17	24.0%
	EBITDA Margin %	4.7%	5.5%	87 bps
	Total Revenues	8,921	10,568	18.5%
	EBITDA	417	587	40.5%
	EBITDA Margin %	4.7%	5.6%	87 bps
Capex (Rs Mio)		228	125	
Capital Employed (Rs Mio)		8,632	8,331	
Total ROCE %		15.4%	23.8%	840 bps
Total No. of Employees		20,506	23,075	



05

**WELL-POSITIONED TO
ACCELERATE**

CAPACITISED FOR GROWTH (1/2)



STRATEGY

Mature Hospitals

- **31** Hospitals, including units in Major Tier 1 cities (Chennai, Bangalore, Hyderabad, Delhi, Kolkata)
- **5,960 Capacity Beds**, 5,474 Operational Beds; **68% occupancy**

- **Optimise Asset Utilisation** in flagship facilities & locations
- **Focus on Centers of Excellence** with one or two anchor specialties in each market.
- **Set benchmark standards** in clinical outcomes, technology and practices in select acute and tertiary care services (CONNECT)
- **Extend and expand our oncology presence** both through specialization and exclusive oncology referral hospitals in the cluster.
- **Strong Doctor engagement Model**
- **Cost Efficiencies & Focus on Improving Key Operating Metrics.**

- **Potential to accelerate - 8-10% CAGR Revenue Growth, with 22-24% EBITDA Margins over next three years**

New Hospitals

- **13** Hospitals, including units in Major Tier 1 cities (Mumbai, Chennai, Bangalore) and hospitals in Tier 2 Cities (Trichy, Nashik, Nellore, Vizag, Lucknow)
- **2,723 Capacity Beds**, 1,874 Operational Beds; **61% occupancy**

New Units – Tier 1 cities

- Growth Impetus
- Strong market positioning in select specialties

New Units – Tier 2 cities

- Occupancy & Revenue Growth Impetus, Strong EBITDA performance

- **Potential to grow revenues at 20% CAGR for next 3 years with 15% EBITDA Margin potential.**

CAPACITISED FOR GROWTH (2/2)



STRATEGY

Apollo Health & Lifestyle (AHLL)

- **792** Primary care centers including Clinics, Sugar, Diagnostics, Dental & Dialysis.
- **24** Specialty care centers including CRADLE & Day surgery centers

- **Focus on urban markets**; expand in clusters
- **Owned clinic models in metros**, franchisee clinics in Tier II towns
- Launch **subscription based** models; Apollo Assure

- **Potential to grow revenues at 20% CAGR for next 3 years.**

Standalone Pharmacies

- **3,496** pharmacies spread across **20 states** and **4 Union Territories.**
- Strong presence in metro centers.
- Asset light model
- Robust supply chain with strong distribution channels.

- **Data-driven store expansion** to lower store closures and quicker volume ramp-up/ store level profitability.
- **Foray into Digital commerce** to provide consumers increased convenience.
- **Enhance Private label** business
- Focus on **high prescription fulfilment** rates by stocking broad spectrum of drugs.

- **Build a multi-year growth platform to achieve 5,000 pharmacy outlets in 5 years and \$1.4 bn in Revenues.**
- **Overall Business ROCE target of 30 + % in 5 years.**



06

ANCHORED FOR THE FUTURE

BUILDING THE HEALTHCARE SYSTEMS OF TOMORROW, TODAY



- Digitizing Apollo – Partnership with DxC Technology - “(re) Invent the health system of the future”
- Apollo Home Care
- Precision Medicine – A Genomic + Digital Revolution
- Trend of increasing **Day Surgeries and Minimally Invasive Procedures**, which involve lower ALOS is expected to continue, enabled by advances in technology and treatment methods
- AHEL well-positioned to ride this trend, by continuing **clinical superiority, technology investments and hospital design changes** to provide a unique patient experience (e.g. Radial Angio)
- These will be **high-margin services**, and will free up IP beds for complex care cases.
- **Asset Light** Expansion strategy

PLAN TO LAUNCH AN INTEGRATED DIGITAL HEALTH PLATFORM



Apollo more than 20 million customers across various business, 10 million have already been tiered digitally

“Direct to Patients” mHealth Platform



Artificial Intelligence and Predictive Health

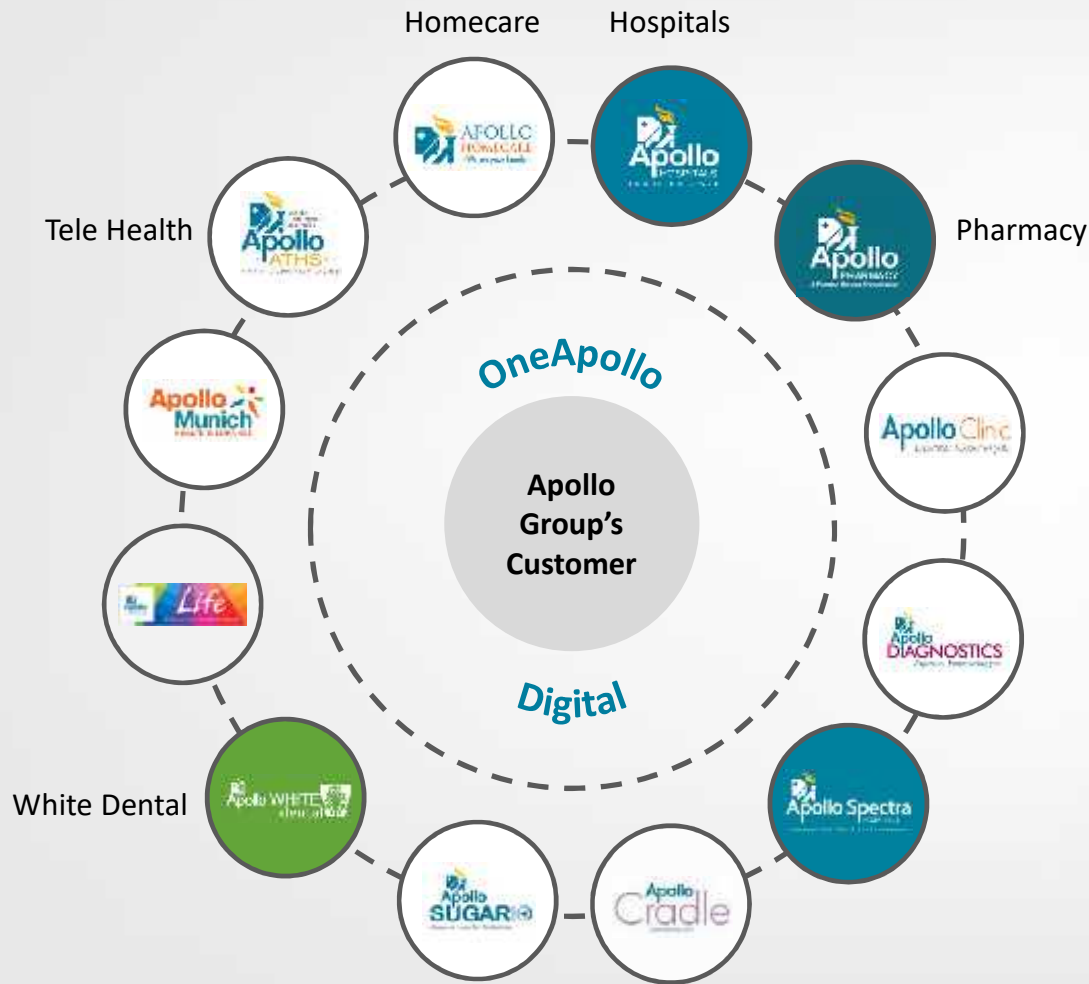
- **Partnership with Microsoft to develop and deploy new AI and machine learning models** to predict patient risk for heart disease and assist doctors on treatment plans.
- **Deployed IBM Watson for Oncology and Genomics**, which leverages cognitive computing to provide insights to oncologists
- **Launched the Apollo online expert opinion service for Oncology**, which will provide convenient, affordable access to Tumour Board Experts in 24 hrs.
- **Partnership with Google India** to launch a new feature in its Search offering called ‘Symptom Search’.
- Device IoT Platform approach continues to dominate our thinking in this aspect

OneApollo

- Building deep relationships with the Apollo consumer across category – hospitals, pharmacy, clinics, diagnostics
- Unlocking potential for up-sell, cross-sell, and loyalty driven behaviour using advanced analytics
- Tailoring communication with the consumer



ONE APOLLO



OneApollo Digital is
Integrating **Apollo's Customer
interfacing Bus** to ensure
**High Customer
Engagement & Life cycle
Management** across the
Group



SUMMING UP: THE ROAD AHEAD



Source: Global Healthcare Outlook Study 2018 , Deloitte



07

STRONG MANAGEMENT TEAM



EXECUTIVE BOARD



Dr. Prathap C. Reddy
Executive Chairman, Founder
(M.D, MBBS, FCCP, FICA and FRCS)

- Conferred the Padma Vibhushan in 2010
- Conferred the Padma Bhushan in 1991
- Spent 33 years with Apollo Hospitals



Dr. Preetha Reddy
Executive Vice Chairperson

- On the Board since the year 1989
- 30+ years healthcare experience



Shobana Kamineni
Executive Vice Chairperson,

- On the Board since 2010
- 30+ years healthcare experience



Suneeta Reddy
Managing Director

- On the Board since the year 2000
- 30+ years healthcare experience



Sangita Reddy
Joint Managing Director,

- On the Board since 2000
- Received "Young Manager of the year 1998" award from Hyderabad Management Association
- Was a member of the Prime Minister's delegation to Malaysia organized by the CII



INDEPENDENT DIRECTORS



Vinayak Chatterjee
Independent Director

- On the Board since 2014
- Chairman of Feedback Infra Pvt Ltd



Dr T Rajgopal
Independent Director

- On the Board since May 2017
- Vice President, Global Medical and Occupational Health of Hindustan Unilever Ltd



Dr Murali Doraiswamy
Independent Director

- On the Board since Sep 2018
- Professor of Psychiatry & Medicine at Duke University Health System (USA)



MBN Rao
Independent Director

- On the Board since Feb 2019
- Former Chairman and Managing Director of Indian Bank and Canara Bank



V Kavitha Dutt
Independent Director

- On the Board since Feb 2019
- Joint Managing Director, KCP Limited



In summary we have over the last 35 years focused consistently on putting the patient at the core of all that we do in the pursuit of clinical excellence and in creating sustainable value for our stakeholders. We ensure strict adherence to business ethics and our governance standards stand exemplar in the industry. With fast changing patient demands, healthcare for the future is going to require evidence based care delivery through sustained process improvement driven by standardization of knowledge assets. We are at the forefront of that journey. We will endeavor to leverage technology proliferation in healthcare to collect, understand and utilize data to improve our care practices. We will continue to empower the consumer through various on-line mechanisms and make it easy for them to take charge of their well being. And we will offer our patients value based care by employing creative

approaches for care distribution—day surgery, specialty clinics and virtual care centres.

We do not operate in isolation, but rather engage deeply with the larger community towards its well being through several initiatives like SACHi and SAHI which bring healthcare benefits to disadvantaged children and the Billion Hearts Beating campaign which creates public awareness about cardiac health. Our CSR initiatives are founded on the conviction we hold close to our hearts—that life and therefore the human body, is priceless, and every man regardless of his economic background has a right to safeguard it the best way possible. While much still remains to be done, we take pride that we are working towards creating a healthy tomorrow for generations to come.

THANK YOU