# Independent Assurance Statement

**Aster DM Quality Care Limited**
(Formerly 'Aster DM Healthcare Limited')
Brigade Deccan Heights, $20^{th}$ & $12^{th}$ Floor,
#42, $5^{th}$ Mile, Tumkur Rd, Yeshwanthpur,
Bengaluru, Karnataka, India, 560022

## Independent Assurance Statement on Business Responsibility and Sustainability Report (BRSR) disclosures for the financial year 2025-26.

**Introduction and objective of engagement**

Aster DM Quality Care Limited (Formerly 'Aster DM Healthcare Limited') (the 'Company') has developed its Business Responsibility and Sustainability Report FY 25-26 ('BRSR') including the BRSR Core Indicators[1], based on the BRSR reporting guidelines prescribed by SEBI for listed entities. The reporting criteria have been derived from the Principles of National Guidelines on Responsible Business Conduct, 2018 (NGRBC), and Greenhouse Gas (GHG) Protocol - A Corporate Accounting and Reporting Standard.

BDO India Services Private Limited (BDO) was engaged by the Company to provide independent assurance on select non-financial sustainability disclosures in the BRSR (the 'Report') for the period $1^{st}$ April 2025 to $31^{st}$ March 2026.

**The Company's responsibilities**

The content of the Report and its presentation are the sole responsibilities of the Management of the Company. The Company's Management is also responsible for the design, implementation, and maintenance of internal controls relevant to the preparation of the Report, so that it is free from material misstatement.

**BDO's responsibility**

BDO's responsibility, as agreed with the Management of the Company, is to provide assurance on the BRSR Core Indicators as described in the 'Scope, boundary and assurance criteria' section below. We do not accept or assume any responsibility for any other purpose or to any other person or organization. Any reliance a third party may place on the Report is entirely at its own risk.

**Assurance standard**

We conducted our assurance engagement in accordance with International Standard on Assurance Engagements (ISAE) 3000 (Revised), "Assurance Engagements Other than Audits or Reviews of Historical Financial Information", and ISAE 3410, "Assurance Engagements on Greenhouse Gas Statement", issued by the International Auditing and Standards Board.

**Scope, boundary and assurance criteria**

The assurance scope and boundary cover the Company's India operations. We have assured the non-financial BRSR Core Indicators[1] presented in the BRSR 25-26 pertaining to the Company's performance for the period $1^{st}$ April 2025 through $31^{st}$ March 2026.

We applied the criteria of '**Reasonable**' Assurance for non-financial Core Indicators of BRSR.

**Assurance methodology**

Our assurance process entailed conducting procedures to gather evidence regarding the reliability of the disclosures covered in the assurance scope. The physical & virtual verification on sample basis was carried out at the following locations:

- Aster Narayanadri: Tirupati, Andhra Pradesh;
- Aster MIMS: Kannur, Kerala;
- Aster CMI: Bengaluru, Karnataka;
- Aster Adhar: Kolhapur, Maharashtra.

We conducted a review and verification of data collection, collation, and calculation methodologies, and a general review of the logic of inclusion/ omission of relevant information/ data in the Report. We used our professional judgement as Assurance Provider for selection of sample of the Company's locations/facilities and non- financial information for the verifications.

[1] SEBI vide Circular SEBI/HO/CFD/CFD-SEC-2/P/CIR/2023/122 dated 12 July 2023

Our review process included:

- Evaluation of appropriateness of the quantification methods used to arrive at the non-financial/sustainability information of the BRSR Core Indicators;
- Review of consistency of data/information within the Report as well as between the Report and source;
- Engagement through discussions with personnel at both corporate and plant/facility levels who are accountable for the data and information presented in the Report;
- Execution of an audit trail of claims and data streams, to determine the level of accuracy in collection, transcription, and aggregation;
- Review of data collection and management procedures, and related internal controls.

**Limitations & exclusions**

There are inherent limitations in assurance engagement, including, for example, the use of judgment and selective testing of data. Accordingly, there are possibilities that material misstatements in the sustainability information of the Report may remain undetected.

The assurance scope specifically excludes:

- Data and information outside the defined reporting period (1st April 2025 to 31st March 2026);
- Review of the 'economic and/or financial performance indicators' included in the Report or on which reporting is based; we have been informed by the Company that these are derived from the Company's audited financial records;
- The Company's statements and claims related to any topics other than those listed in the 'Scope, boundary and assurance criteria';
- The Company's statements that describe qualitative/quantitative assertions, expression of opinion, belief, inference, aspiration, expectation, aim or future intention.

**Our observations**

Based on our review of the Report, we observed that the disclosures of the Company, covered under the 'Scope and boundary of assurance', are fairly reliable. During our assurance process, we observed a few instances of discrepancies related to collation and compilation of data, which were subsequently corrected. The Company may consider adopting standardized protocols for data management related to environment and social indicators and reporting of data across all the units.

Our above observations, however, do not affect our conclusion regarding the Report

**Our conclusions**

Based on the scope of our review, we concluded that the non-financial sustainability disclosures of the BRSR Core indicators as mentioned in 'Scope, boundary and assurance criteria' fulfil the criteria of relevance, completeness, reliability, neutrality, and understandability as per 'reasonable' assurance criteria of applied Assurance Standard.

**Our assurance team and independence**

BDO India Services Private Limited is a professional services firm providing services in Advisory, Assurance, Tax, and Business Advisory Services, to both domestic and international organizations across industry sectors. Our non-financial assurance practitioners for this engagement are drawn from a dedicated Sustainability and ESG Team in the organization. This team is comprised of multidisciplinary professionals, with expertise across the domains of sustainability, global sustainability reporting standards and principles, and related assurance standards. This team has extensive experience in conducting independent assurance of sustainability data, systems, and processes across sectors and geographies. As an assurance provider, BDO India is required to comply with the independence requirements set out in the International Federation of Accountants (IFAC) Code of Ethics for Professional Accountants. Our independence policies and procedures ensure compliance with the Code.

**For BDO India Services Private Limited**

Dipankar Ghosh
Partner & Lead,
Sustainability & ESG
Business Advisory Services
Gurugram, Haryana
19 Aug 2026

# Business Responsibility & Sustainability Reporting

## SECTION A: GENERAL DISCLOSURES

### I. DETAILS

| Sr. No. | Particulars | | |
|---|---|---|---|
| 1 | Corporate Identity Number (CIN) of the Listed Entity | L85110TS2008PLC207383 | |
| 2 | Name of the Listed Entity | Aster DM Quality Care Limited (Formerly Aster DM Healthcare Limited) | |
| 3 | Year of incorporation | 2008 | |
| 4 | Registered office address | No 7-1-450/20, Plot No-04, Mythri Vihar, Sanjeev Reddy Nagar, Ameerpet, Hyderabad, Telangana, 500038 | |
| 5 | Corporate office address | Brigade Deccan Heights, 20th & 12th Floor, #42, 5th Mile, Tumkur Rd, Yeshwanthpur, Bengaluru, Karnataka, India, 560022 | |
| 6 | E-mail | cs@asterqualitycare.com | |
| 7 | Telephone | +91 484 669 9999 | |
| 8 | Website | www.asterqualitycare.com | |
| 9 | **Financial Year** | **Start Date** | **End Date** |
| | Reporting financial year | 01-04-2025 | 31-03-2026 |
| 10 | Name of the Stock Exchange(s) where shares are listed | BSE Limited and National Stock Exchange of India Limited | |
| 11 | Paid-up Capital | INR 518,12,10,290 /- | |
| 12 | Name and contact details (telephone, email address) of the person who may be contacted in case of any queries on the BRSR report | | |
| | Name of contact person | Mr. Hemish Purushottam | |
| | Contact number of contact person | +91 484 669 9999 | |
| | Email of contact person | hemish.purushottam@asterqualitycare.com | |
| 13 | Reporting boundary - Are the disclosures under this report made on a standalone basis (i.e. only for the entity) or on a consolidated basis (i.e. for the entity and all the entities which form a part of its consolidated financial statements taken together). | *Reporting is done on Consolidated basis. There are certain restatements made to address changes in methodology while ensuring comparability and consistency. | |
| 14 | Name of assurance provider | BDO India Services Private Limited | |
| 15 | Type of assurance obtained | Reasonable Assurance of BRSR Core indicators | |

* All Indian Subsidiaries of the Company have been considered for reporting on the governance parameters. For social parameters, all the subsidiaries have been included apart from Wayanad Institute of Medical Sciences (WIMS) unit, Wayanad. For Environmental parameters, 19 hospitals have been considered out of 20 for reporting.

### II. PRODUCTS/SERVICES

**16. Details of business activities (accounting for 90% of the turnover)**

| S. No. | Description of main activity | Description of business activity | % of turnover |
|---|---|---|---|
| 1. | Revenue from hospital and medical services* | Healthcare services through hospitals and clinics | 91.09% |
| 2. | Revenue from pharmacy | Sale of pharma, non-pharma products and optical | 7.02% |

*includes sale of pharmacy products to patients

**17. Products/Services sold by the entity (accounting for 90% of the entity's Turnover):**

| S. No. | Product/Service | NIC Code | % of total Turnover contributed |
|---|---|---|---|
| 1. | Revenue from hospital and medical services* | 86110 | 91.09% |
| 2. | Revenue from pharmacy | 47721 | 7.02% |

*includes sale of pharmacy products to patients

## III. OPERATIONS

**18. Number of locations where plants and/or operations/offices of the entity are situated:**

| Location | Number of plants | Number of offices | Total |
|---|---|---|---|
| National | 537 | 2 | 539 |
| International | - | - | - |

The Organization's healthcare network includes 20 hospitals, 10 clinics, and 203 pharmacies (Pharmacies are operated by Alfaone Retail Pharmacies Private Limited under a brand license from the Company). It also comprises 304 labs and patient experience centers, (1 reference lab, 15 Satellite labs, 288 patient experience centers).

**19. Markets served by the entity:**

**a. Number of locations**

| Location | Number |
|---|---|
| National (No. of States) | 5 (Andhra Pradesh, Telangana, Maharashtra, Karnataka and Kerala) |
| International (No. of Countries) | - |

**b. What is the contribution of exports as a percentage of the total turnover of the entity?**

Export Percentage- 4 %

**c. A brief on types of customers**

Patients requiring medical assistance and healthcare services.

## IV. EMPLOYEES

**20. Details as at the end of Financial Year:**

**a. Employees and workers (including differently abled):**

| S. No. | Particulars | Total (A) | Male | | Female | | Others | |
|---|---|---|---|---|---|---|---|---|
| | | | No. (B) | % (B / A) | No. (C) | % (C / A) | No. (H) | % (H/A) |
| | **EMPLOYEES** | | | | | | | |
| 1. | Permanent (D) | 15,728 | 5,253 | 33.40% | 10,474 | 66.59% | 1 | 0.01% |
| 2. | Other than Permanent (E) | 6,677 | 3,358 | 50.29% | 3,319 | 49.71% | 0 | 0.00% |
| **3.** | **Total employees (D + E)** | **22,405** | **8,611** | **38.43%** | **13,793** | **61.56%** | **1** | **0.01%** |

**b. Differently abled Employees and workers:**

| S. No. | Particulars | Total (A) | Male | | Female | | Others | |
|---|---|---|---|---|---|---|---|---|
| | | | No. (B) | % (B / A) | No. (C) | % (C / A) | No. (H) | % (H/A) |
| | **DIFFERENTLY ABLED EMPLOYEES** | | | | | | | |
| 1. | Permanent (D) | 45 | 31 | 68.89% | 14 | 31.11% | 0 | 0.0% |
| 2. | Other than Permanent (E) | 10 | 6 | 60.0% | 4 | 40.0% | 0 | 0.0% |
| **3.** | **Total differently abled employees (D + E)** | **55** | **37** | **67.27%** | **18** | **32.73%** | **0** | **0.0%** |

**Note:**

1. The Company has no workers on its rolls.
2. Other than Permanent category includes outsourced and fee-based Doctors/Retainers.

**21. Participation/Inclusion/Representation of women**

| | Total (A) | No. and percentage of Females | |
|---|---|---|---|
| | | No. (B) | % (B / A) |
| Board of Directors | 10 | 3 | 30.00 |
| Key Management Personnel | 4 | 1 | 25.00 |

**22. Turnover rate for permanent employees and workers** (Disclose trends for the past 3 years)

**[values in %]**

| | FY 2025-26 (Turnover rate in current FY) | | | | FY 2024-25 (Turnover rate in current FY) | | | | FY 2023-24 (Turnover rate in previous FY) | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Others | Total | Male | Female | Others | Total | Male | Female | Others | Total |
| Permanent Employees | 32.1% | 34.5% | 0.0% | 33.7% | 37.6% | 37.8% | 0.0 | 37.7% | 24.30% | 12.0% | 0 | 18.0% |
| Permanent Workers | Not applicable | | | | | | | | | | | |

## V. HOLDING, SUBSIDIARY AND ASSOCIATE COMPANIES (INCLUDING JOINT VENTURES

**23. (a) Names of Holding / Subsidiary / Associate Companies / Joint ventures**

| S. No. | Name of the holding / subsidiary / associate companies / joint ventures (A) | Indicate whether holding/ Subsidiary / Associate/ Joint Venture | % of shares held by listed entity | Does the entity indicated at column A, participate in the Business Responsibility initiatives of the listed entity? (Yes/No) |
|---|---|---|---|---|
| 1. | DM Med City Hospitals (India) Private Limited | Subsidiary | 100.00 | Yes |
| 2. | Ambady Infrastructure Private Limited | Subsidiary | 100.00 | Yes |
| 3. | Aster DM Multispecialty Hospital Private Limited (formerly known as Aster DM Healthcare (Trivandrum) Private Limited) | Subsidiary | 100.00 | Yes |
| 4. | Malabar Institute of Medical Sciences Limited | Subsidiary | 79.75 | Yes |
| 5. | Prerana Hospital Limited | Subsidiary | 98.92 | Yes |
| 6. | Sri Sainatha Multispeciality Hospitals Private Limited | Subsidiary | 100.00 | Yes |
| 7. | Dr. Ramesh Cardiac and Multispeciality Hospital Private Limited | Subsidiary | 70.48 | Yes |
| 8. | Aster Clinical Lab LLP | Subsidiary | 100.00 | Yes |
| 9. | Hindustan Pharma Distributors Private Limited | Subsidiary | 86.00 | Yes |
| 10. | Affinity Holdings Private Limited | Subsidiary | 100.00 | No |
| 11. | Aster DM Super-Specialty Hospital (Sarjapur) Private Limited | Subsidiary | 100.00 | Yes |
| 12. | Aster DM Super-Specialty Hospital Private Limited ((formerly known as Aster DM Super-Specialty Hospital (Yeshwanthpur) Private Limited) | Subsidiary | 100.00 | Yes |
| 13. | EMED Human Resources India Private Limited | Step-down Subsidiary | 100.00 | Yes |
| 14. | Ezhimala Infrastructure LLP | Step-down Subsidiary | 79.70 | Yes |
| 15. | Warseps Healthcare LLP | Step-down Subsidiary | 100.00 | Yes |
| 16. | Sanghamitra Hospitals Private Limited | Step-down Subsidiary | 70.48 | Yes |
| 17. | Aster Ramesh Duhita LLP | Step-down Subsidiary | 35.94 | Yes |
| 18. | Komali Fertility Centre LLP (Formerly known as Ramesh Fertility Centre LLP) | Step-down Subsidiary | 35.24 | Yes |
| 19. | Cantown Infra Developers LLP | Step-down Subsidiary | 79.74 | Yes |

| S. No. | Name of the holding / subsidiary / associate companies / joint ventures (A) | Indicate whether holding/ Subsidiary / Associate/ Joint Venture | % of shares held by listed entity | Does the entity indicated at column A, participate in the Business Responsibility initiatives of the listed entity? (Yes/No) |
|---|---|---|---|---|
| 20. | Adiran IB Healthcare Private Limited | Step-down Subsidiary | 70.48 | Yes |
| 21. | Komali Fertility Centre – Ongole LLP | Step-down Subsidiary | 35.94 | Yes |
| 22. | Aasraya Healthcare LLP | Step-down Subsidiary | 35.94 | Yes |
| 23. | MIMS Infrastructure and Properties Private Limited | Associate | 39.08 | No |
| 24. | Alfaone Medicals Private Limited | Associate | 48.91 | No |
| 25. | Alfaone Retail Pharmacies Private Limited | Associate | 48.42 | No |
| 26. | Mindriot Research and Innovation Foundation | Associate | 49.00 | No |

## VI. CSR DETAILS

### 24. CSR Details

(i) Whether CSR is applicable as per Section 135 of Companies Act, 2013: Yes

(ii) Turnover (INR in Crores) : 2,770.73

(iii) Net worth (INR in Crores) : 4,312.40

**Note:** The above information is provided on a standalone financial statement basis. The highlights of Group entities' CSR interventions are reported in the Integrated Report FY 2025-26.

## VII. TRANSPARENCY AND DISCLOSURES COMPLIANCES

### 25. Complaints / Grievances on any of the principles (Principles 1 to 9) under the National Guidelines on Responsible Business Conduct:

| Stakeholder group from whom complaint is received | (If Yes, then provide web-link for grievance redress policy) | Grievance Redressal Mechanism in Place (Yes/No) | FY 2025-26 | | | FY 2024-25 | | |
|---|---|---|---|---|---|---|---|---|
| | | | Number of complaints filed during the year | Number of complaints pending resolution at close of the year | Remarks | Number of complaints filed during the year | Number of complaints pending resolution at close of the year | Remarks |
| Communities | https://www.asterqualitycare.com/investors/corporate-governance/policies | Yes | - | - | NA | - | - | NA |
| Investors (other than shareholders) | https://www.asterqualitycare.com/contact | Yes | - | - | NA | - | - | NA |
| Shareholders | https://www.asterqualitycare.com/contact | Yes | 13 | - | NA | 200 | - | NA |
| Employees and workers | https://www.asterqualitycare.com/investors/corporate-governance/policies | Yes | 21 | - | NA | 13 | - | NA |
| Customers | https://www.asterqualitycare.com/investors/corporate-governance/policies | Yes | 25,165 | - | NA | 29,138 | - | NA |
| Value Chain Partners | https://www.asterqualitycare.com/investors/corporate-governance/policies | Yes | - | - | NA | - | - | NA |

## 26. Overview of the entity's material responsible business conduct issues

Material responsible business conduct and sustainability issues pertaining to environmental and social matters that present a risk or an opportunity to your business, rationale for identifying the same, approach to adapt or mitigate the risk along with its financial implications, are as below:

| Sl. No. | Material issue identified | Indicate whether risk or opportunity | Rationale for identifying the risk/opportunity | In case of risk, approach to adapt or mitigate | Financial implications of the risk or opportunity (indicate positive or negative implications) |
|---|---|---|---|---|---|
| 1 | GHG Emissions | Risk | High energy consumption in hospitals and facilities contributes to greenhouse gas emissions, impacting climate change (which can have impact across industries/ regions/operation) and also need to comply with regulatory requirements. | Implement energy-efficient technologies, transition to renewable energy sources, and conduct regular emissions audits. | **Negative:** Initial investment in green technologies;<br>**Positive:** Long-term cost savings from reduced energy costs and potential carbon credits. |
| 2 | Energy Management | Opportunity | Adopting energy-efficient systems and renewable energy can reduce operational costs and enhance sustainability credentials. | Invest in solar panels, LED lighting, and smart energy systems; train staff on energy conservation practices. | **Positive:** Reduced energy expenses and improved brand reputation, attracting eco-conscious stakeholders. |
| 3 | Water Management | Risk | High water usage in healthcare operations, ineffective sewage water treatment and potential water scarcity in India pose operational risk and also need to comply with regulatory requirements. | Install water-efficient fixtures, having Rainwater Harvesting Structures, recycling the wastewater (STP), and monitor water usage with flow meters. | **Negative:** Costs for water-saving infrastructure;<br>**Positive:** Lower water bills and compliance with regulations. |
| 4 | Waste Management | Risk | Improper handling of Biomedical, hazardous and other waste can lead to environmental pollution and regulatory penalties/fines. | Implement strict waste segregation, partner with certified waste disposal vendors, implement measures to reduce waste generation and adopt waste-to-energy solutions. | **Negative:** Investment in waste management systems;<br>**Positive:** Avoid fines and enhanced community trust. |
| 5 | Employee Health and Safety | Risk | Healthcare personnels (employees, contract workforce, consultants, etc) face risks from exposure to infections, physical injuries, and workplace stress, impacting morale and productivity. | Provide regular safety training, enforce PPE usage, have safety violations reviewed and addressed immediately, physical safety infrastructure available and implement mental health support programs. | **Negative:** Costs for training and safety equipment;<br>**Positive:** Reduced absenteeism and improved employee retention. |
| 6 | Non-Discrimination | Risk | Discrimination based on gender, caste, or other factors can lead to legal issues and reputational damage. | Enforce strict anti-discrimination policies, conduct diversity training, appointment of Complaint Officer and establish grievance mechanisms. | **Negative:** Costs for training and compliance;<br>**Positive:** Enhanced workplace morale and broader talent attraction. |
| 7 | Employee Well Being | Opportunity | Investing in employee wellness programs can boost productivity, reduce turnover, and enhance Company's employer brand. | Offer wellness programs, flexible work options, and mental health support; create employee engagement initiatives. | **Positive:** Higher productivity, lower turnover costs, and improved reputation as an employer of choice. |
| 8 | Diversity and Equal Opportunity | Opportunity | Promoting diversity in hiring and leadership can attract talent and reflect India's diverse patient base, enhancing service delivery. | Set diversity targets, create inclusive hiring practices, and promote women and underrepresented groups in leadership. | **Positive:** Access to diverse talent, improved patient satisfaction, and stronger community relations. |

| Sl. No. | Material issue identified | Indicate whether risk or opportunity | Rationale for identifying the risk/opportunity | In case of risk, approach to adapt or mitigate | Financial implications of the risk or opportunity (indicate positive or negative implications) |
|---|---|---|---|---|---|
| 9 | Local Community | Opportunity | Engaging with local communities through health camps and CSR initiatives can build trust and expand patient reach. | Organize free health check-ups, support local health infrastructure, and partner with NGOs for community development. | **Positive:** Enhanced brand loyalty, increased patient footfall, and potential tax benefits from CSR activities. |
| 10 | Anti-corruption | Risk | Corruption risks in procurement and other operations can lead to legal penalties, reputational harm and lower employee morale. | Implement transparent procurement processes, carry out specific fraud risk assessment/ audit, conduct anti-corruption training, and establish whistleblower mechanisms. | **Negative:** Costs for compliance systems;<br>**Positive:** Avoid legal penalties and enhanced stakeholder trust. |
| 11 | Corporate Governance | Risk | Weak governance can lead to mismanagement, overriding of controls, regulatory non-compliance, and loss of investor confidence. | Strengthen board oversight, ensure transparent reporting, and align with SEBI's governance guidelines. | **Negative:** Costs for governance audits;<br>**Positive:** Increased investor confidence and reduced legal risks. |
| 12 | Customer Privacy and Data Security | Risk | Breaches in personal data can lead to legal liabilities, reputational damage, and loss of trust. | Adopt robust information and cybersecurity measures, comply with India's DPDP Act, and train staff on data protection. | **Negative:** Investment in IT security;<br>**Positive:** Avoid fines and maintained patient trust, ensuring business continuity. |

## SECTION B: MANAGEMENT AND PROCESS DISCLOSURES

THIS SECTION IS AIMED AT HELPING BUSINESSES TO DEMONSTRATE THE STRUCTURES, POLICIES AND PROCESSES PUT IN PLACE TOWARDS ADOPTING THE NGRBC PRINCIPLES AND CORE ELEMENTS.

**P1**
Businesses should conduct and govern themselves with integrity, and in a manner that is ethical, transparent and accountable

**P2**
Businesses should provide goods and services in a manner that is sustainable and safe

**P3**
Businesses should respect and promote the well-being of all employees, including those in their value chains

**P4**
Businesses should respect the interests of and be responsive towards all its stakeholders

**P5**
Businesses should respect and promote human rights

**P6**
Businesses should respect, protect and make efforts to restore the environment

**P7**
Businesses, when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent

**P8**
Businesses should promote inclusive growth and equitable development

**P9**
Businesses should engage with and provide value to their consumers in a responsible manner

| Disclosure Questions | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 |
|---|---|---|---|---|---|---|---|---|---|

**Policy and management processes**

**1. a. Whether your entity's policy / policies cover each principle and its core elements of the NGRBCs. (Yes/No):** Yes

- Anti-Bribery and Anti-Corruption Policy
- Anti-Sexual Harassment Policy
- Code for Prevention of Insider Trading
- Code of Conduct for Directors & Senior Management
- Code of Conduct - The Asterian Ethos
- Code of Practices & Procedures for Fair Disclosure of UPSI
- Corporate Social Responsibility Policy
- Data Privacy Policy
- Dividend Distribution Policy
- Diversity, Equity, Inclusion, and Belonging (DEIB) Policy
- Document Retention & Archival Policy
- ESG Policy
- Human Rights Policy
- Policy for Determination of Materiality
- Policy for Determining Material Subsidiaries
- Policy on Nomination, Remuneration & Evaluation
- Related Party Transaction Policy
- Risk Management Policy
- Vendor Code of Conduct
- Whistleblowing Policy (Vigil Mechanism)
- Business Responsibility Policy

| Disclosure Questions | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 |
|---|---|---|---|---|---|---|---|---|---|
| **b. Has the policy been approved by the Board? (Yes/No)** | | | | | | | | | |
| Our governance mechanism ensures that key policies are approved by the Board of Directors, wherever required. Other policies based on its nature of the policy and the related regulatory requirements, they are approved by the Chairman / Managing Director. This ensures that all policies are endorsed by the correct level of authority within the organisation. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **c. Web Link of the Policies, if available:** The policies which are required to be made available to public are made available on the Company's website. While other internal policies / codes are accessible internally by the relevant stakeholders. The following policies can be accessed using the following link:<br>Whistleblowing Policy (Vigil mechanism)<br>Dividend Distribution Policy<br>Policy on Nomination, Remuneration & Evaluation<br>Policy for Determination of Materiality<br>Policy for Determining Material Subsidiaries<br>Related Party Transaction Policy<br>Document Retention & Archival Policy<br>Corporate Social Responsibility Policy<br>ESG Policy<br>Business Responsibility & Sustainability Policy<br>Risk Management Policy<br>Code of Practices & Procedures for fair disclosure of UPSI<br>Code of Conduct for Directors & Senior Management<br>Code of Conduct - The Asterian Ethos<br>Vendor Code of Conduct<br>Anti-Bribery and Anti-Corruption Policy<br>POSH Policy | https://www.asterqualitycare.com/investors/corporate-governance/policies | | | | | | | | |
| **2. Whether the entity has translated the policy into procedures. (Yes / No)** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **3. Do the enlisted policies extend to your value chain partners? (Yes/No)** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **4. Name of the national and international codes/certifications/ labels/ standards (e.g. Forest Stewardship Council, Fairtrade, Rainforest Alliance, Trustea) standards (e.g. SA 8000, OHSAS, ISO, BIS) adopted by your entity and mapped to each principle.** | Global Reporting Initiative Standards ("GRI Standards"), National Accreditation Board for Hospitals ("NABH"), the Joint Commission International ("JCI"), Section 135 of the Companies Act, 2013 and SEBI (Listing Obligation and Disclosure Requirements) Regulations, 2015. | | | | | | | | |
| **5. Specific commitments, goals and targets set by the entity with defined timelines, if any.** | The Company is committed to advancing its ESG agenda through continuous improvements in environmental performance, employee well-being, patient care, responsible business conduct and governance practices. The Company regularly evaluates and updates its ESG priorities, goals and initiatives to drive sustainable value creation and long-term positive impact for all stakeholders. | | | | | | | | |
| **6. Performance of the entity against the specific commitments, goals and targets along-with reasons in case the same are not met.** | During FY26, the Company sourced 30% of its electricity from renewable energy (up from 16.6% in FY25), integrated 22,000+ MWh of renewable energy, and avoided 16,000+ $tCO_2e$ carbon emissions.. It achieved 71% treated water reuse, recycled 56% of total waste generated, and planted 9,400+ trees.<br>The Company's social initiatives benefited 12,39,318 individuals, with 14,555 free medical camps conducted, 825 patients receiving free or subsidized surgeries worth INR 4.17 crore, and 54 mobile medical vehicles delivering healthcare services in underserved regions.<br>On the governance front, the Company achieved 100% resolution of reported whistleblowing cases, maintained 30% women representation on the Board and 50% Independent Directors, and strengthened its governance framework through 16 key policies supporting ESG, CSR and business responsibility objectives. | | | | | | | | |

| Disclosure Questions | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 |
|---|---|---|---|---|---|---|---|---|---|

**Governance, leadership and oversight**

**7. Statement by director responsible for the business responsibility report, highlighting ESG related challenges, targets and achievements (listed entity has flexibility regarding the placement of this disclosure)**

The Company, strengthened by its merger with Quality Care India Limited, is committed to sustainable and inclusive growth that creates long-term value for all stakeholders. Our combined organization recognizes that success extends beyond financial performance and must contribute meaningfully to society and the environment. ESG principles remain central to our strategy, guiding decision-making, risk management, and value creation, while aligning our initiatives with global frameworks, including the United Nations Sustainable Development Goals.

Leveraging the strengths, scale, and expertise of the merged entity, we are advancing a future-ready sustainability agenda focused on climate resilience, resource efficiency, and responsible healthcare operations. Through initiatives in renewable energy, water stewardship, waste management, and operational efficiency, we aim to reduce our environmental footprint while supporting India's low-carbon transition.

Equally, our commitment to social impact continues through programs such as Aster Volunteers, which, together with the expanded reach and capabilities of the combined organization, enables us to deliver greater healthcare access, disaster relief, and community support. By integrating our resources, expertise, and purpose, we are building a stronger healthcare ecosystem where business growth goes hand in hand with progress for people and the planet, reinforcing our position as a responsible healthcare leader committed to creating lasting positive impact for future generations.

**8. Details of the highest authority responsible for implementation and oversight of the Business Responsibility policy (ies).**

| Policy | Implementation Authority | Oversight |
|---|---|---|
| Whistleblower Policy and Code of Conduct and Ethics | Head of Internal Audit Risk & Compliance | Audit Committee |
| Responsible Supply Chain and Supplier Code of Conduct | Procurement Head | Stakeholders Relationship & ESG Committee |
| CSR Policy | CSR Head | Corporate Social Responsibility Committee |
| ESG Policy | ESG Head | Stakeholders Relationship & ESG Committee |

**9. Does the entity have a specified Committee of the Board/ Director responsible for decision making on sustainability related issues? (Yes / No). If yes, provide details.**

The Stakeholders Relationship and ESG Committee of the Board oversees the Business Responsibility and sustainability process.

## 10. Details of Review of NGRBCs by the Company:

| Subject for review | Indicate whether review was undertaken by Director / Committee of the Board / any other Committee | | | | | | | | | Frequency (Annually/ Half yearly/ Quarterly/ Any other – please specify) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 |
| Performance against above policies and follow up action. | Committee of the Board | | | | | | | | | Annually - The codes and policies are periodically reviewed and updated to address emerging issues, regulatory changes, and to enhance clarity and enforceability. | | | | | | | | |
| Compliance with statutory requirements of relevance to the principles, and rectification of any non-compliances | Committee of the Board | | | | | | | | | Quarterly – The compliance requirements of each regulatory authority are proactively tracked to ensure timely adherence. | | | | | | | | |

| | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 |
|---|---|---|---|---|---|---|---|---|---|
| **11.** Has the entity carried out independent assessment/ evaluation of the working of its policies by an external agency? (Yes/No). If yes, provide name of the agency. | No | | | | | | | | |

## 12. If answer to question (1) above is "No" i.e. not all Principles are covered by a policy, reasons to be stated:

| Question | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 |
|---|---|---|---|---|---|---|---|---|---|
| The entity does not consider the Principles material to its business (Yes/No) | Not Applicable | | | | | | | | |
| The entity is not at a stage where it is in a position to formulate and implement the policies on specified principles (Yes/No) | | | | | | | | | |
| The entity does not have the financial or/human and technical resources available for the task (Yes/No) | | | | | | | | | |
| It is planned to be done in the next financial year (Yes/No) | | | | | | | | | |
| Any other reason (please specify) | | | | | | | | | |

## SECTION C: PRINCIPLE WISE PERFORMANCE DISCLOSURE

### PRINCIPLE 01

**BUSINESSES SHOULD CONDUCT AND GOVERN THEMSELVES WITH INTEGRITY, AND IN A MANNER THAT IS ETHICAL, TRANSPARENT AND ACCOUNTABLE.**

### Essential Indicators

**1. Percentage coverage by training and awareness programmes on any of the principles during the financial year:**

| Segment | Total number of training and awareness programmes held | Topics / principles covered under the training and its impact | % of persons in respective category covered by the awareness programmes |
|---|---|---|---|
| Board of Directors | 1 | Comprehensive training session conducted by KPMG on ESG and Board's role in driving ESG (Principle 6) | 100 |
| Key Managerial Personnel | 1 | Comprehensive training session conducted by KPMG on ESG and Board's role in driving ESG (Principle 6) | 100 |
| Employees other than Board of Directors and Key Managerial Personnel | 34 | 1. Executive Leadership Development Program (ELDP)<br>2. Trailblazer: Design Thinking Workshop<br>3. TraineRize – Train the Trainer<br>4. Stress Management/Positive Affirmation<br>5. Prerana: Nursing Leadership Programme<br>6. Clinical Overview & Healthcare Communication<br>7. HR Overview \| Aster DM Orientation<br>8. Radiation Safety \| Fire & Safety<br>9. Nursing Overview \| Occupational Hazards<br>10. Infection Control \| BLS & Disaster Management<br>11. Grooming Standards & Brand Service Standards<br>12. SOPs for Doctors \| Safe Prescription Practices<br>13. HIS Overview \| Behavioral & Soft Skills Training<br>14. Toast Masters - For public speaking<br>15. Mentor Me - Aster Indias Internal Mentorship Program<br>16. Service Excellence modules<br>17. HAZMAT<br>18. Quality Overview<br>19. Aster Values<br>20. Leadership training Modules | 93% |
| Workers | NA | | |

2. **Details of fines / penalties /punishment/ award/ compounding fees/ settlement amount paid in proceedings (by the entity or by directors / KMPs) with regulators/ law enforcement agencies/ judicial institutions, in the financial year, in the following format (Note: the entity shall make disclosures on the basis of materiality as specified in Regulation 30 of SEBI (Listing Obligations and Disclosure Obligations) Regulations, 2015 and as disclosed on the entity's website):**

| Monetary | | | | | |
|---|---|---|---|---|---|
| **Particulars** | **NGRBC Principle** | **Name of the regulatory/ enforcement agencies/ judicial institutions** | **Amount (In INR)** | **Brief of the Case** | **Has an appeal been preferred? (Yes/No)** |
| Penalty/ Fine | Refer to the Company's website for all disclosures made under Regulation 30 of SEBI Listing Regulations at https://www.asterqualitycare.com/investors | | | | |
| Settlement | Not Applicable | - | - | - | - |
| Compounding Fee | Not Applicable | - | - | - | - |

| Non-Monetary | | | | |
|---|---|---|---|---|
| **Particulars** | **NGRBC Principle** | **Name of the regulatory/ enforcement agencies/ judicial institutions** | **Brief of the Case** | **Has an appeal been preferred? (Yes/No)** |
| Imprisonment | Not Applicable | - | - | - |
| Punishment | Not Applicable | - | - | - |

3. **Of the instances disclosed in Question 2 above, details of the Appeal/ Revision preferred in cases where monetary or non-monetary action has been appealed.**

| NGRBC Principle | Name of the regulatory/ enforcement agencies/ judicial institutions | Amount (In INR) | Brief of the Case | Has an appeal been preferred? (Yes/No) |
|---|---|---|---|---|
| Refer to the Company's website for all disclosures made under Regulation 30 of SEBI Listing Regulations at https://www.asterqualitycare.com/investors | | | | |

4. **Does the entity have an anti-corruption or anti-bribery policy? If yes, provide details in brief and a web-link to the policy.**

An Anti-Bribery and Anti-Corruption Policy is in place, which covers critical aspects such as Gifts, Bribes, Kick-backs, Corruption, Entertainment, Political Contributions, Donations, Marketing and Promotional activities, Indirect services, Anti-Money Laundering, Conflict of Interest etc. Do's and Dont's relating to these areas have been clearly defined in the policy.

The policy is accessible at https://www.asterqualitycare.com/storage/fileadmin/user_upload/Code_of_Conduct_dm.pdf

5. **Number of Directors/KMPs/employees/workers against whom disciplinary action was taken by any law enforcement agency for the charges of bribery/ corruption:**

No Directors, Key Managerial Personnel (KMPs) or employees were involved in any incidents of bribery or corruption during financial year 2024-25 and financial year 2025-26. Consequently, no disciplinary action was taken by any law enforcement agency in either financial years.

6. **Details of complaints with regard to conflict of interest:**

| Particulars | FY 2025-26 | | FY 2024-25 | |
|---|---|---|---|---|
| | Number | Remarks | Number | Remarks |
| Number of complaints received in relation to issues of Conflict of Interest of the Directors | - | NA | - | NA |
| Number of complaints received in relation to issues of Conflict of Interest of the KMPs | - | NA | - | NA |

7. **Provide details of any corrective action taken or underway on issues related to fines / penalties / action taken by regulators/ law enforcement agencies/ judicial institutions, on cases of corruption and conflicts of interest**

No fines / penalties / actions were imposed by regulators/ law enforcement agencies or judicial institutions on cases related to corruption and conflicts of interest.

**8. Number of days of accounts payables:**

| Particulars | FY 2025-26 | FY 2024-25 |
|---|---|---|
| i) Accounts payable x 365 days (INR in Crore) | 1,53,815 | 1,35,004 |
| ii) Cost of goods/services procured (INR in Crore) | 2,860.91 | 2,593.34 |
| iii) Number of days of accounts payables | 53.76 | 52.06 |

**9. Open-ness of business. Provide details of concentration of purchases and sales with trading houses, dealers, and related parties along-with loans and advances & investments, with related parties, in the following format:**

| Parameter | Metrics | FY 2025-26 | FY 2024-25 |
|---|---|---|---|
| Concentration of Purchases[1] | a. Purchases from trading houses as % of total purchases | - | - |
| | b. Number of trading houses where purchases are made from | - | - |
| | c. Purchases from top 10 trading houses as % of total purchases from trading houses | - | - |
| Concentration of Sales[2] | a. Sales to dealers / distributors as % of total sales | - | - |
| | b. Number of dealers / distributors to whom sales are made | - | - |
| | c. Sales to top 10 dealers / distributors as % of total sales to dealers / distributors | - | - |
| Share of RPTs in[3] | Purchases(Purchases with related parties / Total Purchases) | - | - |
| | Sales (Sales to related parties / Total Sales) | - | - |
| | Loans & advances (Loans & advances given to related parties / Total loans & advances) | - | - |
| | Investments (Investments in related parties / Total Investments made) | - | - |

[1]Trading houses is not applicable to the company

[2]Being in a healthcare services industry, we are not engaged with dealers/ distributors for providing our services. Hence, no sales are made to dealers/ distributors.

[3]As per the consolidated financial statements under Ind AS.

## LEADERSHIP INDICATORS

**1. Awareness programmes conducted for value chain partners on any of the Principles during the financial year:**

| Sl.no | Total number of awareness programs held | Topics / principles covered under the training | %age of value chain partners covered (by value of business done with such partners) under the awareness programmes |
|---|---|---|---|
| 1 | Ongoing basis | Awareness of Code of Conduct of Aster | 100% |
| 2 | Ongoing basis | Strategic Procurement | 90% of "A" Class Vendors |
| 3 | Ongoing basis | Training on usage of Vendor Portal of the Company | 100% |

*Please note that awareness Programs are conducted on an ongoing basis.

**2. Does the entity have processes in place to avoid/ manage conflict of interests involving members of the Board? (Yes/No) If Yes, provide details of the same.**

The Company has adopted a comprehensive Code of Conduct for its Board of Directors, reflecting its commitment to high standards of corporate governance, ethical conduct, and transparency. Periodic disclosures of interests are obtained from Directors and Key Managerial Personnel, and appropriate approvals are secured before undertaking transactions involving related entities. Directors abstain from deliberations and voting on matters in which they have an interest, ensuring an objective and transparent decision-making process.

All Related Party Transactions are undertaken on an arm's length basis and are reviewed through a robust governance framework, with the CFO certifying their arm's length nature to the Audit Committee and the Board.

## PRINCIPLE 02

**BUSINESSES SHOULD PROVIDE GOODS AND SERVICES IN A MANNER THAT IS SUSTAINABLE AND SAFE**

### Essential Indicators

**1. Percentage of R&D and capital expenditure (capex) investments in specific technologies to improve the environmental and social impacts of product and processes to total R&D and capex investments made by the entity, respectively:**

| | FY 2025-26 | FY 2024-25 | Details of improvements in environmental and social impacts |
|---|---|---|---|
| R&D | Nil | Nil | Not applicable |
| Capex | Nil | Nil | The Group is strategically investing in captive solar energy generation projects through Solar Power Purchase Agreements (PPAs) across multiple hospital units. Upon full activation, these projects will contribute a total installed capacity of approximately 34.14 MW, covering our facilities at Medcity, Calicut, Kannur, Kottakkal, Kasargod, Aadhar, CMI, and Whitefield. This initiative is aimed at significantly reducing our dependence on fossil fuels for electricity. Currently, around 12.7 MW of this capacity is operational and generating power, with the remaining projects expected to become active during FY 2026–27 and forward. Once fully implemented, the entire initiative is projected to yield annual cost savings of approximately 20% of the annual electricity cost. As on 31 March 2026, we have invested in Equity amounting to INR 15.88 crores, in these projects. |

**2. a. Does the entity have procedures in place for sustainable sourcing? (Yes/No)**

Yes, the Company operates in the healthcare services sector, where the products and services it uses are regulated by law. Therefore, we source our products and services from approved vendors who comply with various regulations. The Company has mandated the new Vendor's Code of Conduct which clearly states about the requirements of supplier's adherence to environmental and social compliances.

Further, the Company continues to reduce its carbon footprint through the use of eco-friendly paper bags across its pharmacy network and by increasing the share of green energy sourced from solar and wind power.

**b. If yes, what percentage of inputs were sourced sustainably?:**

This metric is currently not being calculated.

**3. Describe the processes in place to safely reclaim your products for reusing, recycling and disposing at the end of life, for Plastics (including packaging), E-waste, Hazardous waste and Other waste:**

Not applicable as the Company doesn't manufacture any product.

**4. Whether Extended Producer Responsibility (EPR) is applicable to the entity's activities (Yes / No) If yes, whether the waste collection plan is in line with the Extended Producer Responsibility (EPR) plan submitted to Pollution Control Boards? If not, provide steps taken to address the same.**

While EPR regulations are not directly applicable to the Company's operations, however, we remain committed to the responsible use and disposal of plastic products, ensuring compliance with all relevant regulations and guidelines.

## LEADERSHIP INDICATORS

1. **Has the entity conducted Life Cycle Perspective / Assessments (LCA) for any of its products (for manufacturing industry) or for its services (for service industry)? If yes, provide details in the following format?**

   This activity hasn't been carried out for the financial year.

2. **If there are any significant social or environmental concerns and/or risks arising from production or disposal of your products / services, as identified in the Life Cycle Perspective / Assessments (LCA) or through any other means, briefly describe the same along-with action taken to mitigate the same.**

   Not applicable

3. **Percentage of recycled or reused input material to total material (by value) used in production (for manufacturing industry) or providing services (for service industry).**

   Not applicable as we are in Healthcare Sector.

4. **Of the products and packaging reclaimed at end of life of products, amount (in metric tonnes) reused, recycled, and safely disposed, as per the following format:**

   Not applicable as Company only has products from Pharmacy division, which is kept out of the reporting boundary

5. **Reclaimed products and their packaging materials (as percentage of products sold) for each product category.**

   Not applicable as we are in healthcare services.

## PRINCIPLE 03

**BUSINESSES SHOULD RESPECT AND PROMOTE THE WELL-BEING OF ALL EMPLOYEES, INCLUDING THOSE IN THEIR VALUE CHAINS**

### Essential Indicators

1. a. **Details of measures for the well-being of employees:**

| Category | Total (A) | % of employees covered by | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Health insurance | | Accident insurance | | Maternity Benefits | | Paternity Benefits | | Day Care facilities | |
| | | Number (B) | % (B / A) | Number (C) | % (C / A) | Number (D) | % (D / A) | Number (E) | % (E / A) | Number (F) | % (F / A) |
| **Permanent employees** | | | | | | | | | | | |
| Male | 5,253 | 5,253 | 100% | 5,253 | 100% | - | 0% | - | 0% | | |
| Female | 10,474 | 10,474 | 100% | 10,474 | 100% | 10,474 | 100% | - | 0% | 38 | 0.24% |
| Others | 1 | 1 | 100% | 1 | 100% | - | 0% | - | 0% | | |
| **Total** | **15,728** | **15,728** | **100%** | **15,728** | **100%** | **10,474** | **66.59%** | **-** | **0%** | **38** | **0.24%** |
| **Other than Permanent employees** | | | | | | | | | | | |
| Male | 3,358 | 3,358 | 100% | 3,358 | 100% | - | 0% | - | 0% | - | 0% |
| Female | 3,319 | 3,319 | 100% | 3,319 | 100% | 3,319 | 100% | - | 0% | - | 0% |
| Others | - | - | 100% | - | 100% | - | 0% | - | 0% | - | 0% |
| **Total** | **6,677** | **6,677** | **100%** | **6,677** | **100%** | **3,319** | **49.71%** | **-** | **0%** | **-** | **0%** |

Note: Other than Permanent category includes outsourced and fees-based Doctors/Retainer.

b. **Details of measures for the well-being of workers:** Not Applicable

c. **Spending on measures towards well-being of employees and workers (including permanent and other than permanent):**

| | FY 2025-26 | FY 2024-25 |
|---|---|---|
| Cost incurred on well-being measures as a % of total revenue of the company | 0.44% | 0.32% |

2. **Details of retirement benefits, for the Current Financial Year and Previous Financial Year:**

| Benefits | FY 2025-26 | | | FY 2024-25 | | |
|---|---|---|---|---|---|---|
| | No. of employees covered as a % of total employees | No. of workers covered as a % of total workers | Deducted and deposited with the authority (Y/N/N.A.) | No. of employees covered as a % of total employees | No. of workers covered as a % of total workers | Deducted and deposited with the authority (Y/N/N.A.) |
| PF | 100 | NA | Yes | 100 | NA | Yes |
| Gratuity | 100 | NA | NA | 100 | NA | Yes |
| ESI | 25 | NA | NA | 30 | NA | Yes |

3. **Accessibility of workplaces**

**Are the premises / offices of the entity accessible to differently abled employees and workers, as per the requirements of the Rights of Persons with Disabilities Act, 2016?**

Yes, our hospitals comply with the Rights of Persons with Disabilities Act, 2016 and are accessible to differently abled employees.

4. **Does the entity have an equal opportunity policy as per the Rights of Persons with Disabilities Act, 2016?**

Yes, the Company does not discriminate and has zero tolerance against behaviours that are against the Ethics and Code of Conduct. Aster's Code of Conduct clearly calls out aspects such as Equality, Diversity and Inclusion as well as compliance with all applicable statutory requirements. The Company's Human Rights policy also emphasis on Non-discrimination, Diversity and Equal opportunity. The Company's Code of conduct is available at https://www.asterqualitycare.com/storage/fileadmin/user_upload/Code_of_Conduct_dm.pdf

5. **Return to work and Retention rates of permanent employees and workers that took parental leave.**

| Gender | Permanent employees | | Permanent workers | |
|---|---|---|---|---|
| | Return to work | Retention rate | Return to work | Retention rate |
| Male | NA | NA | NA | NA |
| Female | 85.16% | 85.16% | NA | NA |
| **Total** | **85.16%** | **85.16%** | **NA** | **NA** |

6. **Is there a mechanism available to receive and redress grievances for the following categories of employees and worker? If yes, give details of the mechanism in brief.**

| Particulars | If Yes, then give details of the mechanism in brief |
|---|---|
| Permanent Employees<br>Other than Permanent Employees | The Company provides multiple channels for various personnel to raise their concerns, depending on the nature.<br>Such channels include: -<br>1) Unit Level Grievance Committee<br>2) Corporate office Grievance Committee<br>3) Internal Committees formed under POSH Act, 2013<br>4) Whistle blower Channels (Email, Website, Toll-free numbers, Hard copy by post)<br>Roles and responsibilities, functionalities, constitution of these committees have been defined in the respective policies (i.e. Grievance Policy, Anti-Sexual Harassment policy, Whistle Blower Policy, Vendor / Vendor Code of Conduct, Company's Code of Conduct) .<br>Appropriate review, grievance resolution mechanism (including reporting), maintenance of anonymity (as applicable) is defined in these policies.. |
| Permanent workers and Other than Permanent workers | The Company has no workers category on its rolls. |

7. **Membership of employees and worker in association(s) or Unions recognised by the listed entity:**

| Category | FY 2025-26 | | | FY 2024-25 | | |
|---|---|---|---|---|---|---|
| | Total employees / workers in respective category (A) | No. of employees / workers in respective category, who are part of association(s) or Union (B) | % (B / A) | Total employees / workers in respective category (C) | No. of employees / workers in respective category, who are part of association(s) or Union (D) | % (D / C) |
| Total Permanent Employees | 15,728 | 423 | 2.69% | 15,291 | 348 | 2.28 |
| - Male | 5,253 | 202 | 3.85% | 5,494 | 169 | 3.08 |
| - Female | 10,474 | 221 | 2.11% | 9,796 | 179 | 1.83 |
| - Others | 1 | - | 0.00% | 1 | - | 0.00 |

8. **Details of training given to employees and workers:**

| Category | FY 2025-26 | | | | | FY 2024-25 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total (A) | On Health and safety measures | | On Skill upgradation | | Total (D) | On Health and safety measures | | On Skill upgradation | |
| | | No. (B) | % (B/A) | No. (C) | % (C/A) | | No. (E) | % (E/D) | No. (F) | % (F/D) |
| **Employees** | | | | | | | | | | |
| Male | 5,253 | 4,213 | 80.2% | 3,981 | 75.79% | 5,494 | 3,709 | 67.51 | 3,490 | 63.52 |
| Female | 10,474 | 9,124 | 87.11% | 8,212 | 78.4% | 9,796 | 9,796 | 100 | 9,435 | 96.31 |
| Others | 1 | 1 | 100.0% | 1 | 100.0% | 1 | - | - | - | - |
| **Total** | **15,728** | **13,338** | **84.8%** | **12,194** | **77.53%** | **15,291** | **13,505** | **88.32** | **12,925** | **84.53** |

**9. Details of performance and career development reviews of employees and worker:**

| Category | FY 2025-26 | | | FY 2024-25 | | |
|---|---|---|---|---|---|---|
| | Total (A) | No. (B) | Total (B/A) | Total (C) | No. (D) | % (D / C) |
| **Employees** | | | | | | |
| Male | 5,253 | 3,431 | 65.32% | 5,494 | 3,150 | 57.34 |
| Female | 10,474 | 7,040 | 67.21% | 9,796 | 5,193 | 60.36 |
| Others | 1 | 1 | 100.0% | 1 | 1 | 100 |
| **Total** | **15,728** | **10,472** | **66.58%** | **15,291** | **9,063** | **59.27** |

**10. Health and safety management system:**

a. **Whether an occupational health and safety management system has been implemented by the entity? (Yes/ No). If yes, the coverage of such system?**

Yes, all the units follow Occupational Safety and Health Administration ('OSHA') guidelines, with annual risk assessments conducted to identify and mitigate location-specific hazards. Staff receive mandatory OSHA training during induction and annual refreshers, including mock drills in high-risk areas. Records of training and drills are maintained by HR and Safety Officers. An incident reporting system enables staff to report safety events, which are followed by root cause analysis and Corrective and Preventive Actions (CAPA). Key safety metrics—such as needle stick injuries, exposure to blood and body fluids, immunization compliance and hand hygiene—are regularly monitored and reported. Hepatitis B vaccination is mandatory for healthcare workers and biomedical waste handlers, verified during onboarding and tracked by the Infection Control Team as part of KPI monitoring.

b. **What are the processes used to identify work-related hazards and assess risks on a routine and non- routine basis by the entity?**

The Company conducts annual Hazard Identification and Risk Assessment (HIRA) across all the units, location-wise. Staff are encouraged to report workplace injuries and safety incidents. Monthly facility rounds by a multidisciplinary team are mandatory, with findings presented in the monthly safety committee meetings. While most issues are resolved in real time, pending items are tracked and reviewed. A comprehensive hospital safety program—covering occupational, lab, radiology, patient, clinical, facility, and infection control safety—is reviewed quarterly and updated annually. Regular surveillance by the Infection Control and Safety Teams is conducted, including infection control risk assessments and pre-construction risk assessments for renovation activities. Additionally, annual audiometry tests are conducted for staff working in high-noise areas to monitor occupational health risks.

c. **Whether you have processes for workers to report the work related hazards and to remove themselves from such risks. (Y/N)**

Yes, most units have an online incident reporting system that is easily accessible to all employees, encouraging prompt and transparent reporting of workplace safety events. Regular monthly audits are conducted by the Infection Control Team and Safety Team across all hospital areas. Additionally, Infection Control Risk Assessments and Pre-construction Risk Assessments are carried out as applicable to ensure safety.

d. **Do the employees/ worker of the entity have access to non-occupational medical and healthcare services? (Yes/ No)**

Yes, annual health checks for staff, stress management classes and employee welfare and engagement programs are conducted at least once in a year in all units

**11. Details of safety related incidents, in the following format:**

| Safety Incident/Number | Category | FY 2025-26 | FY 2024-25 |
|---|---|---|---|
| Lost Time Injury Frequency Rate (LTIFR) (per one million-person hours worked) | Employees | 0.89 | -[1] |
| | Workers | NA | NA |
| Total recordable work-related injuries | Employees | 23 | 15 |
| | Workers | NA | NA |
| No. of fatalities | Employees | - | - |
| | Workers | NA | NA |
| High consequence work-related injury or ill-health (excluding fatalities) | Employees | - | - |
| | Workers | NA | NA |

[1]For FY2024-25, LTIFR was not reported (it is non-zero).

**12. Describe the measures taken by the entity to ensure a safe and healthy workplace.**

All units follow OSHA guidelines, with annual location-wise risk assessments and mitigation strategies in place. Mandatory OSHA training, including mock drills, is provided during induction and through annual refreshers. An online incident reporting system enables timely reporting, followed by root cause analysis and CAPA implementation. Monthly facility rounds by a multidisciplinary team are conducted, with findings reviewed in safety committee meetings. A comprehensive safety program—covering occupational, clinical, facility, and infection control safety—is reviewed quarterly and updated annually. Infection control and pre-construction risk assessments are regularly conducted. Pre- and post-exposure prophylaxis protocols are followed, and Hepatitis B vaccination is mandatory for clinical staff. PPE use and hand hygiene are strictly enforced. Regular third-party audits and internal reviews ensure continuous improvement in safety standards.

**13. Number of Complaints on the following made by employees and workers:**

| | FY 2024-25 | | | FY 2023-24 | | |
|---|---|---|---|---|---|---|
| | Filed during the year | Pending resolution at the end of year | Remarks | Filed during the year | Pending resolution at the end of year | Remarks |
| Working Conditions | - | - | - | - | - | - |
| Health & Safety | - | - | - | - | - | - |

**14. Assessments for the year:**

| | % of your plants and offices that were assessed (by entity or statutory authorities or third parties) |
|---|---|
| Health and safety practices<br>Working Conditions | 78% of the units were covered for audit in FY 2025-26 and the audit was based on NABH standards which also includes employee safety. In addition, 55% of units have also had assessments from NABH (Quality Council of India) such as Aadhar, RV, CMI, Whitefield, Narayanadri, MIMS Calicut, MIMS Kannur and Mother Areekode. |

**15. Provide details of any corrective action taken or underway to address safety-related incidents (if any) and on significant risks / concerns arising from assessments of health & safety practices and working conditions.**

The Company conducts regular training programs for staff on safe handling of sharps, segregation and management of biomedical waste, HAZMAT procedures, staff wellness, and effective communication techniques. These trainings are designed to enhance workplace safety, ensure regulatory compliance and well-being across all units.

## LEADERSHIP INDICATORS

**1. Does the entity extend any life insurance or any compensatory package in the event of death of**

a. **Employees (Y/N)**

Yes

b. **Workers (Y/N).**

Not Applicable

**2. Provide the measures undertaken by the entity to ensure that statutory dues have been deducted and deposited by the value chain partners.**

The Company ensures that tax is deducted at source wherever applicable and obtains confirmation from various vendors on the compliance with statutory dues.

**3. Provide the number of employees / workers having suffered high consequence work-related injury / ill-health / fatalities (as reported in Q11 of Essential Indicators above), who are rehabilitated and placed in suitable employment or whose family members have been placed in suitable employment:**

| | Total no. of affected employees/ workers | | No. of employees/workers that are rehabilitated and placed in suitable employment or whose family members have been placed in suitable employment | |
|---|---|---|---|---|
| | FY 2025-26 | FY 2024-25 | FY 2025-26 | FY 2024-25 |
| Employees | - | - | - | - |
| Workers | - | - | - | - |

**4. Does the entity provide transition assistance programs to facilitate continued employability and the management of career endings resulting from retirement or termination of employment? (Yes/ No):**

No

**5. Details on assessment of value chain partners:**

| | % of value chain partners (by value of business done with such partners) that were assessed |
|---|---|
| Health and safety practices | Nil |
| Working Conditions | Nil |

**6. Provide details of any corrective actions taken or underway to address significant risks / concerns arising from assessments of health and safety practices and working conditions of value chain partners:**

Continual efforts are taken for pro-active risk management for eg: The annual HIRA (Hazard Identification and Risk Assessment) exercise is conducted across all units, and at least one FMEA (Failure Mode and Effects Analysis) is performed based on situational requirements. All safety related incidents are analysed by the leadership team at the unit level, root cause analysis and preventive actions taken as and when required. Incidents for which a recurring trend is observed across months, are taken up as a QIP (Quality Improvement Project) to ensure process change or systems approach to ensure risks are mitigated in a consistent manner.

**PRINCIPLE 04**

**BUSINESSES SHOULD RESPECT THE INTERESTS OF AND BE RESPONSIVE TO ALL ITS STAKEHOLDERS**

## Essential Indicators

**1. Describe the processes for identifying key stakeholder groups of the entity.**

The identification and engagement with key stakeholders is the core of our governance and sustainability approach. We identify stakeholder groups according to their level of influence on our business, dependence on us and impact or influence on our activities. Our key stakeholders are patients, employees, doctors and caregivers, suppliers, investors and Board members, government and regulatory authorities, CSR partners, volunteers and local communities.

We work with stakeholders through surveys, workshops, one-to-one meetings, external feedback mechanisms, performance reviews, audits and webinars. These engagements provide valuable insights into stakeholder expectations, allowing us to improve the delivery of healthcare, strengthen relationships with stakeholders and continue to improve our ESG strategy.

**2. List of stakeholder groups identified as key for your entity and the frequency of engagement with each stakeholder group.**

| Stakeholder Group | Identified as Vulnerable & Marginalized Group(Yes/No) | Channels of communication (Email, SMS, Newspaper, Pamphlets, Advertisement, Community Meetings, Notice Board, Website), Other | Frequency of engagement (Annually/ Half yearly/ Quarterly / others – please specify) | Purpose and scope of engagement include key topics and concerns raised during such engagement |
|---|---|---|---|---|
| Investors & Shareholders | No | Annual Report, Investor Meetings, One-to-one Meetings. | Quarterly | Financial and ESG performance and growth Competition, market and other risk |
| Government Bodies & Regulatory Authorities | No | One-to-one Meetings, Workshops, Audits & Inspections, Regulatory Submissions | As and when required | Regulatory compliance, healthcare quality & patient safety, environmental compliance |
| Suppliers & Business Partners | No | One-to-one Meetings, Audits, Workshops, Email | As and when required | Responsible procurement, supplier performance, ESG expectations, ethical business practices and quality standards, |
| Employees | No | Performance Reviews, Workshops, Surveys, Email | As and when required | Employee well-being, occupational health & safety, diversity & inclusion, learning & development, employee engagement, ethics and ESG awareness. |
| Customers (Patients) | No | External Feedback Systems, Surveys, Website, One-to-one Interactions | As and when required | Patient experience, quality of care, accessibility & affordability, patient safety, grievance resolution |
| CSR Partners & Charitable Organisations | No | One-to-one Meetings, Workshops, Media Events, Email | As and when required | Community health programmes, strategic partnerships, social impact, volunteering initiatives, programme effectiveness |
| Local Communities | Yes | Community meetings, awareness programmes, website, social media | As and when required | Access to healthcare, preventive health awareness, environmental initiatives, community needs and social impact |

## LEADERSHIP INDICATORS

1. **Provide the processes for consultation between stakeholders and the Board on economic, environmental, and social topics or if consultation is delegated, how is feedback from such consultations provided to the Board.**

   Stakeholders are identified and segmented based on their role, influence, and relationship with the organisation, including employees, patients, suppliers, investors, communities, and regulatory authorities. Engagement is undertaken through a combination of formal and informal channels such as surveys, feedback mechanisms, performance reviews, workshops, meetings, and digital communication platforms. The Company periodically conducts a materiality assessment aligned with internationally recognised frameworks to identify and prioritise key economic, environmental, social, and governance topics based on stakeholder inputs and business priorities.

   The outcomes of these engagements are consolidated by management and presented through structured reports to the Stakeholders' Relationship Committee and other Board-level committees (e.g., Audit, Risk). This governance process ensures stakeholder perspectives are incorporated into strategic decision-making, risk management, and the continuous enhancement of our ESG performance and disclosures.

2. **Whether stakeholder consultation is used to support the identification and management of environmental, and social topics (Yes / No). If so, provide details of instances as to how the inputs received from stakeholders on these topics were incorporated into policies and activities of the entity**

   Yes. Stakeholder consultation forms an integral part of our materiality assessment process and helps identify and prioritise key environmental and social topics relevant to our business and stakeholders. The insights gathered are considered while shaping our ESG priorities, sustainability initiatives, and disclosures. The material topics identified through this process are reflected in our annual ESG Report and support the continuous refinement of our sustainability approach.

3. **Provide details of instances of engagement with, and actions taken to, address the concerns of vulnerable/ marginalized stakeholder groups:**

   - **Target Groups:** Local communities, tribal communities, fisherfolk, rural populations, underprivileged elderly individuals, and other underserved groups.
   - **Key Actions:** Through Aster Volunteers, The Company improves access to healthcare by delivering mobile medical services, telemedicine, free and subsidised treatments, health screening camps, and preventive health awareness programmes for vulnerable communities.
   - **Geographic Reach:** These initiatives are implemented across multiple states, including Gujarat, Karnataka, Bihar, Kerala, and Tamil Nadu, while Aster Volunteers also operates across the GCC and other regions, collectively reaching over 8 million beneficiaries through its healthcare and community outreach programmes.
   - **Collaborations:** The programmes are implemented in partnership with government agencies, local NGOs, charitable organisations, healthcare institutions, and corporate partners.
   - **Services Provided:** Beneficiaries receive access to primary healthcare, diagnostics, medicines, teleconsultations, specialist consultations, health education, and referral support, contributing to improved health outcomes and enhanced community well-being.

PRINCIPLE 05

BUSINESSES SHOULD RESPECT AND PROMOTE HUMAN RIGHTS

## Essential Indicators

**1. Employees and workers who have been provided training on human rights issues and policy(ies) of the entity, in the following format:**

| Category | FY 2025-26 | | | FY 2024-25 | | |
|---|---|---|---|---|---|---|
| | Total (A) | No. of employee / workers covered (B) | % (B / A) | Total (C) | No. of employee / workers covered (D) | % (D / C) |
| **Employees** | | | | | | |
| Permanent | 15,728 | 13,738 | 87.35% | 15,291 | 7,911 | 51.74 |
| Other than permanent | 6,677 | 2,891 | 43.3% | 2,963 | 2,601 | 87.78 |
| **Total Employees** | **22,405** | **16,629** | **74.22%** | **18,254** | **10,512** | **57.59** |

**2. Details of minimum wages paid to employees and workers, in the following format:**

| Category | FY 2025-26 | | | | | FY 2024-25 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total (A) | Equal to Minimum Wage | | More than Minimum Wage | | Total (D) | Equal to Minimum Wage | | More than Minimum Wage | |
| | | No. (B) | % (B/A) | No. (C) | % (C/A) | | No. (E) | % (E/D) | No. (F) | % (F/D) |
| **Employees** | | | | | | | | | | |
| Permanent | 15,728 | 14,393 | 91.51% | 1,335 | 8.49% | 15,291 | 2501 | 16.36 | 12790 | 83.64 |
| Male | 5,253 | 4,433 | 84.39% | 820 | 15.6% | 5,494 | 972 | 17.69 | 4523 | 82.31 |
| Female | 10,474 | 9,959 | 95.08% | 515 | 4.9% | 9,796 | 1529 | 15.61 | 8267 | 84.39 |
| Others | 1 | 1 | 100.0% | 0 | 0.0% | 1 | - | - | 1 | 100% |

**3. Details of remuneration/salary/wages, in the following format:**

a. Median remuneration / wages:

| | Male | | Female | |
|---|---|---|---|---|
| | Number | Median remuneration/ salary/ wages of respective category | Number | Median remuneration/ salary/ wages of respective category |
| Board of Directors (BoD) | 9 | 17,00,000 | 3 | 28,00,000 |
| Key Managerial Personnel | 2 | 1,57,00,000 | - | - |
| Employees other than BoD and KMP | 5,254 | 2,82,000/- | 10,474 | 3,58,000/- |
| Workers | Not applicable as the Company has no workers category on its rolls. | | | |

b. Gross wages paid to females as % of total wages paid by the entity, in the following format:

(INR in Crores)

| | FY 2025-26 | FY 2024-25 |
|---|---|---|
| Gross wages paid to females | 32.24 | 24.51 |
| Total wages | 56.95 | 43.71 |
| Gross wages paid to females (Gross wages paid to females as % of total wages) | 55.61% | 56 .07% |

**4. Do you have a focal point (Individual/ Committee) responsible for addressing human rights impacts or issues caused or contributed to by the business? (Yes/No) :**

Yes

**5. Describe the internal mechanisms in place to redress grievances related to human rights issues.**

The Company is committed to upholding high standards of human rights for all personnel, including employees, trainees, interns, vendors, contract workers, consultants, and patients. The Company's approach is guided by its Values and Vision, the Code of Conduct, and the principles of the UN Global Compact covering human rights, labor, environment, and anti-corruption. The Company fosters an inclusive environment where all individuals feel heard, respected, and empowered. Multiple grievance redressal channels—such as Unit and Corporate Grievance Committees, Whistleblower mechanisms, and the Internal Committee under the POSH Act—are available for personnel to raise concerns without fear of retaliation. These mechanisms are governed by well-defined policies and procedures. Grievances may include workplace dissatisfaction, behavioral or psychological concerns, and issues related to power dynamics. All inputs are addressed in a timely and structured manner, contributing to continuous improvement in people practices.

**6. Number of Complaints on the following made by employees and workers:**

| Category | FY 2025-26 | | | FY 2024-25 | | |
|---|---|---|---|---|---|---|
| | Filed during the year | Pending resolution at the end of year | Remarks | Filed during the year | Pending resolution at the end of year | Remarks |
| Sexual Harassment | 23 | - | - | 9 | - | - |
| Discrimination at workplace | 1 | - | - | - | - | - |
| Child Labour | - | - | - | - | - | - |
| Forced Labour/ Involuntary Labour | - | - | - | - | - | - |
| Wages | - | - | - | - | - | - |
| Other human rights related issues | 1 | - | - | - | - | - |

The Company has no workers category on its rolls, hence, the complaints made by workers are not applicable.

**7. Complaints filed under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, in the following format:**

| | FY 2025-26 | FY 2024-25 |
|---|---|---|
| Total Complaints reported under Sexual Harassment on of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (POSH) | 23 | 9 |
| Total female employees / workers | 10,326 | 9,796 |
| Complaints on POSH as a % of female employees / workers | 0.22 | 0.09 |
| Complaints on POSH upheld | 7 | 4 |

**8. Mechanisms to prevent adverse consequences to the complainant in discrimination and harassment cases**

Company's Code of Conduct and related policies strictly prohibit any form of retaliation against individuals who raise complaints related to sexual harassment, discrimination, or whistleblowing, or who cooperate in related inquiries. Any act of retaliation is subject to disciplinary action in accordance with Company policy and applicable statutory provisions.

While handling complaints of sexual harassment, the Internal Complaints Committee (ICC) ensures that complainants and witnesses are not victimized or discriminated against. Any unethical behavior or retaliatory action by the respondent shall be reported to the ICC immediately for appropriate intervention.

**9. Do human rights requirements form part of your business agreements and contracts? (Yes/No)**

Yes, by inclusion of Anti Child Labor & Anti Trafficking and Anti- Bribery clauses in business agreements and contracts.

**10. Assessments for the year:**

| | % of your plants and offices that were assessed (by entity or statutory authorities or third parties) |
|---|---|
| Child labour | 100% |
| Forced/involuntary labour | |
| Sexual harassment | |
| Discrimination at workplace | |
| Wages | |
| Others - please specify | |

**11. Provide details of any corrective actions taken or underway to address significant risks / concerns arising from the assessments at Question 9 above:**

There are no significant risks/concern that have been identified by the Ethics Committee.

## LEADERSHIP INDICATORS

**1. Details of a business process being modified / introduced as a result of addressing human rights grievances/complaints:**

None

**2. Details of the scope and coverage of any Human rights due-diligence conducted:**

None

**3. Is the premise/office of the entity accessible to differently abled visitors, as per the requirements of the Rights of Persons with Disabilities Act, 2016?**

Yes

**4. Details on assessment of value chain partners:**

| | % of value chain partners (by value of business done with such partners) that were assessed |
|---|---|
| Child labour | Nil |
| Forced/involuntary labour | Nil |
| Sexual harassment | Nil |
| Discrimination at workplace | Nil |
| Wages | Nil |
| Others - please specify | Nil |

**5. Provide details of any corrective actions taken or underway to address significant risks / concerns arising from the assessments at Question 4 above:**

None

PRINCIPLE 06

**BUSINESSES SHOULD RESPECT AND MAKE EFFORTS TO PROTECT AND RESTORE THE ENVIRONMENT**

## Essential Indicators

**1. Details of total energy consumption (in Joules or multiples) and energy intensity, in the following format:**

| Parameter | Please specify unit | FY 2025-26 | FY 2024-25 |
|---|---|---|---|
| **From renewable sources** | | | |
| Total electricity consumption (A) | Gigajoule | 81,441 | 44,861 |
| Total fuel consumption (B) | Gigajoule | - | 10,002 |
| Energy consumption through other sources (C) | Gigajoule | - | - |
| **Total energy consumed from renewable sources (A+B+C)** | Gigajoule | **81,441** | **54,863** |
| **From non-renewable sources** | | | |
| Total electricity consumption (D) | Gigajoule | 1,92,268 | 2,25,359 |
| Total fuel consumption (E) | Gigajoule | 21,836 | 31,972 |
| Energy consumption through other sources (F) | Gigajoule | - | 0 |
| **Total energy consumed from non-renewable sources (D+E+F)** | Gigajoule | **2,14,104** | **2,57,331** |
| **Total energy consumed*(A+B+C+D+E+F)** | Gigajoule | **2,95,545** | **3,12,194** |
| Energy intensity per rupee of turnover (Total energy consumed / Revenue from operations) | Gigajoule Per million INR | 6.37 | 7.54 |
| **Energy intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP)** (Total energy consumed / Revenue from operations adjusted for PPP)) | Gigajoule per INR million (PPP adjusted) | 127.89 | 154.27 |
| **Energy intensity in terms of physical output** - FTE | Gigajoule per FTE | 19.35 | 21.02 |
| **Energy intensity (optional)** – the relevant metric may be selected by the entity | Gigajoule per total bed capicity | 54.24 | 56.16 |

* Total Energy Consumption has been reduced in FY2025-26 due to exclusion of Aster WIMS.

**Note:** Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) - Yes, BDO India Services Private Limited

**2. Does the entity have any sites / facilities identified as designated consumers (DCs) under the Performance, Achieve and Trade (PAT) Scheme of the Government of India? (Y/N). If yes, disclose whether targets set under the PAT scheme have been achieved. In case targets have not been achieved, provide the remedial action taken, if any:**

Not Applicable

**3. Provide details of the following disclosures related to water, in the following format:**

| Parameter | Please specify unit | FY 2025-26 | FY 2024-25 |
|---|---|---|---|
| **Water withdrawal by source (in kilolitres)** | | | |
| (i) Surface water | kilolitres | 26,606 | 74,492 |
| (ii) Groundwater | kilolitres | 2,71,108 | 3,21,160 |
| (iii) Third party water | kilolitres | 8,10,806 | 7,25,095 |
| (iv) Seawater / desalinated water | kilolitres | | - |
| (v) Others | kilolitres | 1,089 | - |
| **Total volume of water withdrawal (in kilolitres) (i + ii + iii + iv + v)** | kilolitres | **11,09,609** | **11,20,747** |
| **Total volume of water consumption (in kilolitres)** | kilolitres | **11,09,609** | **11,20,747** |
| **Water intensity per rupee of turnover** (Total water consumption / Revenue from operations) | Kilolitres per INR million | 23.90 | 27.08 |
| **Water intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP)** (Total water consumption / Revenue from operations adjusted for PPP) | Kilolitres per INR million (PPP adjusted) | 480.10 | 553.81 |
| **Water intensity in terms of physical output** – FTE | Kilolitres per FTE | 72.65 | 75.47 |
| **Water intensity in terms of physical output** - number of beds | Kilolitres per total bed capacity | 203.64 | 201.61 |

**Note:** Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) : Yes, BDO India Services Private Limited

4. **Provide the following details related to water discharged:**

| Parameter | Please specify unit | FY 2025-26 | FY 2024-25 |
|---|---|---|---|
| **Water discharge by destination and level of treatment (in kilolitres)** | | | |
| (i) To Surface water | kilolitres | - | - |
| - No treatment | kilolitres | - | - |
| - With treatment - please specify level of treatment | kilolitres | - | - |
| (ii) To Groundwater | kilolitres | - | - |
| - No treatment | kilolitres | - | - |
| - With treatment - please specify level of treatment | kilolitres | - | - |
| (iii) To Seawater | kilolitres | - | - |
| - No treatment | kilolitres | - | - |
| - With treatment - please specify level of treatment | kilolitres | - | - |
| (iv) third party water | kilolitres | - | - |
| - No treatment | kilolitres | - | - |
| - With treatment - please specify level of treatment | kilolitres | - | - |
| (v) Others (Sewage Treatment Plants) | kilolitres | - | - |
| - No treatment | kilolitres | - | - |
| - With treatment - please specify level of treatment: We have 16 STPs at our Hospitals in India. All the water consumed in our hospitals undergoes secondary treatment in our STPs | kilolitres | - | - |
| Total water discharged (in kilolitres) | kilolitres | - | - |

* As part of our continuous improvement journey, we are working towards implementing a standardized monitoring framework across our 19 STPs to enhance the measurement and reporting of treated water discharge.

**Note:** Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N): Yes, BDO India Services Private Limited

5. **Has the entity implemented a mechanism for Zero Liquid Discharge?** - No. While the entity has not implemented a Zero Liquid Discharge (ZLD) mechanism at present, the organisation aims to progressively move towards a zero-liquid-discharge approach by maximising the treatment and reuse of wastewater within its operations. Treated water is utilised for non-potable applications such as flushing, cooling tower operations, landscaping, and horticulture, thereby reducing freshwater consumption and enhancing water circularity across facilities.

6. **Please provide details of air emissions (other than GHG emissions) by the entity, in the following format:** Not calculating this metric.

   **Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N)** - Not applicable

7. **Provide details of greenhouse gas emissions (Scope 1 and Scope 2 emissions) & its intensity, in the following format:**

| Parameter | Unit | FY 2025-26 | FY 2024-25 |
|---|---|---|---|
| **Total Scope 1 emissions** (Break-up of the GHG into CO 2, CH4, N2O, HFCs, PFCs, SF6, NF3, if available)[1] | MTCO2e | 1,538 | 2,291 |
| **Total Scope 2 emissions** (Break-up of the GHG into CO 2, CH4, N2O, HFCs, PFCs, SF6, NF3, if available) | MTCO2e | 37,920 | 45,510 |
| **Total Scope 1 and Scope 2 emission intensity per rupee of turnover** (Total Scope 1 and Scope 2 GHG emissions / Revenue from operations) | MTCO2e per INR million | 0.85 | 1.16 |
| **Total Scope 1 and Scope 2 emission intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP)** (Total Scope 1 and Scope 2 GHG emissions / Revenue from operations adjusted for PPP) | MTCO2e per INR million (PPP adjusted) | 17.08 | 23.62 |
| **Total Scope 1 and Scope 2 emission intensity in terms of physical output – FTE** | MTCO2e per FTE | 2.58 | 3.22 |
| **Total Scope 1 and Scope 2 emission intensity in terms of physical output -** number of beds | MTCO2e per total bed capacity | 7.24 | 8.60 |

1 Fugitive Emissions have not been considered for FY2025-26 and FY2024-25 Scope 1 Emissions. The Company is working on including Fugitive Emissions from the next reporting cycle.

**Note:** Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) – Yes, BDO India Services Private Limited

**8. Does the entity have any project related to reducing Green House Gas emission?**

Yes

**If Yes, then provide details.**

The Company has implemented several initiatives to reduce greenhouse gas (GHG) emissions across its operations, with a focus on increasing renewable energy use, improving energy efficiency, and reducing dependence on conventional energy sources.

A major milestone during FY 2025–26 was the commissioning of an 8.5 MW solar park in Kasargod, Kerala, which is expected to generate approximately 14.03 million kWh of renewable electricity annually. In addition, the Company continued to expand renewable energy sourcing through a combination of on-site solar photovoltaic (PV) installations and procurement of renewable electricity from solar, wind, and hydropower sources.

These efforts resulted in renewable energy consumption increasing from over 12,000 MWh in FY 2024–25 to 22,623 MWh in FY 2025–26, representing an increase of approximately 85%. The increased use of renewable energy contributed to the avoidance of over 16,000 $tCO_2e$ of greenhouse gas emissions during the reporting year.

We also undertook various energy efficiency initiatives across its facilities, including optimisation of HVAC systems, deployment of energy-efficient lighting, preventive maintenance of critical equipment, enhancement of building management practices, and continuous monitoring of energy consumption to identify opportunities for improving operational efficiency and reducing energy-related emissions.

Through these initiatives, Company continues to reduce the carbon footprint of its operations while enhancing energy resilience and resource efficiency across its healthcare network.

**9. Provide details related to waste management by the entity, in the following format:**

| Parameter | Parameter | FY 2025-26 | FY 2024-25 |
|---|---|---|---|
| **Total Waste generated (in metric tonnes)** | | | |
| Plastic waste **(A)** | metric tonnes | 69.84 | 36.01 |
| E-waste **(B)** | metric tonnes | 2.40 | 6.82 |
| Bio-medical waste **(C)** | metric tonnes | 1,659.69 | 1,888.12 |
| Construction and demolition waste **(D)** | metric tonnes | - | - |
| Battery waste **(E)** | metric tonnes | - | - |
| Radioactive waste **(F)** | metric tonnes | - | - |
| Other Hazardous waste. Please specify, if any. **(G)** | metric tonnes | 212.03 | 88.56 |
| Other Non-hazardous waste generated **(H)**. Please specify, if any. (Break-up by composition i.e. by materials relevant to the sector) | metric tonnes | 2,323.76 | 1,974.94 |
| Waste Cardboard | metric tonnes | 120.06 | 125.18 |
| Metal Scrap (MS, GI, SS & Aluminium) | metric tonnes | 42.26 | 188.56 |
| Paper & Stationery / Shredding Paper, news paper | metric tonnes | 836.99 | 1,095.00 |
| Food Waste | metric tonnes | 978.58 | 492.97 |
| Garden Waste | metric tonnes | 22.68 | - |
| STP Sludge | | 29.77 | 73.23 |
| Others | | 293.43 | - |
| **Total (A+B + C + D + E + F + G + H)** | metric tonnes | **4,267.73** | **3994.45** |
| Waste intensity per rupee of turnover (Total waste generated / Revenue from operations) | metric tonnes per million | 0.09 | 0.10 |
| Waste intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP) (Total waste generated / Revenue from operations adjusted for PPP) | metric tonnes per INR million (PPP adjusted) | 1.84 | 1.97 |
| Waste intensity in terms of physical output - FTE | metric tonnes per FTE | 0.28 | 0.27 |
| Waste intensity in terms of physical output - per bed | metric tonnes per bed | 0.78 | 0.72 |
| **Category of waste** | | | |
| (i) Recycled | metric tonnes | 2373.33 | 2018.02 |
| (ii) Re-used | metric tonnes | - | - |
| (iii) Other recovery operations | metric tonnes | - | - |
| **Total** | metric tonnes | **2373.33** | **2018.02** |

| Parameter | Parameter | FY 2025-26 | FY 2024-25 |
|---|---|---|---|
| **For each category of waste generated, total waste disposed by nature of disposal method (in metric tonnes)** | | | |
| **Category of waste** | | | |
| (i) Incineration | metric tonnes | 1,659.69 | 1,888.12 |
| (ii) Landfilling | metric tonnes | 234.71 | 88.56 |
| ((iii) Other disposal operations | metric tonnes | - | - |
| **Total** | metric tonnes | **1894.40** | **1976.68** |

**Note:** Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) Yes, BDO India Services Private Limited

**10. Briefly describe the waste management practices adopted in your establishments. Describe the strategy adopted by your company to reduce usage of hazardous and toxic chemicals in your products and processes and the practices adopted to manage such wastes.**

The Company has well-established waste management practices across its operations. The primary objective of these practices is to identify, segregate, recycle, treat, and responsibly dispose of waste generated as part of our healthcare services. Waste streams, including biomedical waste, plastics, paper, cardboard, metals, e-waste, and other recyclable materials, are segregated at source and managed through authorised vendors and service providers for recycling, treatment, and disposal.

As a healthcare provider, the use of certain hazardous and toxic substances is necessary for patient care, diagnostics, laboratory operations, and infection control. We therefore focus on their safe handling, storage, usage, and disposal in accordance with applicable regulatory requirements. Biomedical waste is managed in accordance with the Biomedical Waste Management Rules, 2016 and disposed of through authorised treatment facilities, while e-waste is managed through authorised recyclers in compliance with the E-Waste (Management) Rules, 2022.

**11. If the entity has operations/offices in/around ecologically sensitive areas (such as national parks, wildlife sanctuaries, biosphere reserves, wetlands, biodiversity hotspots, forests, coastal regulation zones etc.) where environmental approvals / clearances are required, please specify details in the following format:**

| S. No. | Location of operations/offices | Type of operations | Whether the conditions of environmental approval / clearance are being complied with? (Y/N) |
|---|---|---|---|
| 1 | Aster Medcity, Cheranalloor Village, Kanayannur Taluk, Ernakulam District, Kerala State, India – 682027 | Healthcare Industry | Yes |

**12. Details of environmental impact assessments of projects undertaken by the entity based on applicable laws, in the current financial year:**

None

**13. Is the entity compliant with the applicable environmental law/ regulations/ guidelines in India; such as the Water (Prevention and Control of Pollution) Act, Air (Prevention and Control of Pollution) Act, Environment protection act and rules thereunder (Y/N).**

Yes, the Company is committed to complying with all applicable environmental laws and regulations, including the Water (Prevention and Control of Pollution) Act, 1974, the Air (Prevention and Control of Pollution) Act, 1981, the Environment (Protection) Act, 1986, and other relevant environmental requirements. We monitor compliance across our operations, implement necessary controls and management practices, and take corrective actions wherever required. Through these efforts, we seek to minimise our environmental impact and uphold our commitment to responsible and sustainable operations.

## LEADERSHIP INDICATORS

**1. Water withdrawal, consumption and discharge in areas of water stress (in kilolitres):** - Not applicable

**Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency?** (Y/N) - Not Applicable

**Please provide details of total Scope 3 emissions & its intensity, in the following format:**

| Parameter | Unit | FY 2025-26 | FY 2024-25 |
|---|---|---|---|
| Total Scope 3 emissions (Break-up of the GHG into CO2, CH4, N2O, HFCs, PFCs, SF6, NF3, if available) | MTCO2e | 67,363* | 177 |
| Total Scope 3 emissions per rupee of turnover | MTCO2e per million INR | 1.45 | 0.0042 |
| Total Scope 3 emission intensity (optional) - the relevant metric may be selected by the entity | MTCO2e per total bed capacity | 12.36 | 0.03 |

* The Company has initiated the detailed assessment of Scope 3 emissions in FY2026, as a result the Scope 3 emissions have increased significantly from FY2025.

**Note:** Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) - No.

**3. With respect to the ecologically sensitive areas reported at Question 10 of Essential Indicators above, provide details of significant direct & indirect impact of the entity on biodiversity in such areas along- with prevention and remediation activities :**

Not Applicable, as being in a healthcare sector we don't have any direct & indirect impact on biodiversity of ecologically sensitive areas.

**4. If the entity has undertaken any specific initiatives or used innovative technology or solutions to improve resource efficiency, or reduce impact due to emissions / effluent discharge / waste generated, please provide details of the same as well as outcome of such initiatives, as per the following format:**

| Sl. No. | Initiative undertaken | Details of the initiative (Web-link, if any, may be provided along-with summary) | Outcome of the initiative | Corrective action taken, if any |
|---|---|---|---|---|
| 1 | Sewage Treatment Plants | We have 19 in house STP's where we treat, recycle and safely dispose the water consumed in our operations | 829,063 Kilolitres of Water treated - 585,261 Reused in flushing, horticulture, cooling tower and other activities | -- |
| 2 | Integration and Procurement of Renewable Energy | The Company is increasing the use of renewable energy across its operations through a combination of on-site solar installations and off-site renewable energy procurement. The Company sources renewable electricity through long-term arrangements with renewable energy providers, enabling facilities such as Aster CMI and Aster RV to meet a significant proportion of their electricity requirements from renewable sources.<br>During FY 2025–26, The Company commissioned an 8.5 MW solar park in Kasargod, Kerala, which currently supports the renewable energy requirements of its Calicut and Kannur facilities. The Company also continues to expand the use of solar photovoltaic (PV) systems and renewable power sourced from solar, wind, and hydropower projects across its healthcare network. Building on this momentum, the Company plans to replicate similar renewable energy projects across its Kerala, Karnataka, and Maharashtra clusters, with a total planned capacity of approximately 36 MW, including the existing Kasargod project. | • 22,623 MWh of renewable energy consumed during FY 2025–26.<br>• 16,000+ $tCO_2e$ emissions avoided through renewable energy use.<br>• 99% of electricity consumption at Aster CMI and 91% at Aster RV sourced from renewable energy.<br>• Commissioned an 8.5 MW solar park in Kasargod, Kerala, currently supporting the renewable energy requirements of Aster's Calicut and Kannur facilities.<br>• The project is expected to generate significant operational savings (INR 4 crore annually) | -- |

**5. Does the entity have a business continuity and disaster management plan?**

The Company has implemented a unit-wide Business Continuity Plan (BCP) to ensure operational resilience during adverse events. The effectiveness of these plans is regularly tested through mock drills and simulations conducted across units. Additionally, the IT team maintains a Disaster Recovery (DR) Policy, which outlines protocols for data recovery and system restoration. These DR plans are tested periodically as per a predefined schedule to ensure readiness and effectiveness.

**6. Disclose any significant adverse impact to the environment, arising from the value chain of the entity. What mitigation or adaptation measures have been taken by the entity in this regard**

There is no significant adverse environmental impact arising from our value chain partners.

**7. Percentage of value chain partners (by value of business done with such partners) that were assessed for environmental impacts**

100% of our value chain partners (by value of business) were assessed for environmental impacts, and no significant adverse findings were observed.

**8. How many Green Credits have been generated or procured:**

a) **By the listed entity** - Nil

b) **By the top ten (in terms of value of purchases and sales, respectively) value chain partners** - The data has not been not been collated for the year

## PRINCIPLE 07

**BUSINESSES, WHEN ENGAGING IN INFLUENCING PUBLIC AND REGULATORY POLICY, SHOULD DO SO IN A MANNER THAT IS RESPONSIBLE AND TRANSPARENT**

### Essential Indicators

1. a. Number of affiliations with trade and industry chambers/ associations

   6

   b. List the top 10 trade and industry chambers/ associations (determined based on the total members of such body) the entity is a member of/ affiliated to.

| S. No. | Name of the trade and industry chambers/ associations | Reach of trade and industry chambers/ associations (State/National) |
|---|---|---|
| 1 | Federation of Indian Chambers of Commerce & Industry (FICCI) – National (India) | National- India |
| 2 | Confederation of Indian Industry (CII) | National- India |
| 3 | Associated Chambers of Commerce & Industry of India (ASSOCHAM) | National- India |
| 4 | Association of Healthcare Providers – India (AHPI) | National- India |
| 5 | Healthcare Federation of India (NATHEALTH) | National- India |
| 6 | Kerala Private Hospital Association (KPHA) | State -India |

2. **Provide details of corrective action taken or underway on any issues related to anti-competitive conduct by the entity, based on adverse orders from regulatory authorities:** None for the reporting period

### LEADERSHIP INDICATORS

1. **Details of public policy positions advocated by the entity:**

   None for the reporting period

## PRINCIPLE 08

### BUSINESSES SHOULD PROMOTE INCLUSIVE GROWTH AND EQUITABLE DEVELOPMENT

## Essential Indicators

1. **Details of Social Impact Assessments (SIA) of projects undertaken by the entity based on applicable laws, in the current financial year:**

   None for the reporting period.

2. **Provide information on project(s) for which ongoing Rehabilitation and Resettlement (R&R) is being undertaken by your entity:**

   Not applicable

3. **Describe the mechanisms to receive and redress grievances of the community.**

   The Company strives to create and maintain an inclusive environment where all stakeholders are felt to be heard and respected. Being a listening organization, the Company has a whistle blower channel to receive and redress grievances of the community. Complaints / concerns can be raised via email, toll-free numbers or via website portal. The complainant has a choice to maintain anonymity while raising their complaints. The Company also strictly ensures anonymity of the complainant and strictly prohibits any kind of retaliation.

   Complaints received via any of the whistleblowing channels are analyzed and investigated, actions as appropriate are taken. These are also reported to the Audit Committee as per the statutory requirements.

4. **Percentage of input material (inputs to total inputs by value) sourced from suppliers:**

| Parameter | FY 2025-26 | FY 2024-25 |
|---|---|---|
| Directly sourced from MSMEs/ small producers | 58.47% | 36.22% |
| Directly from within India[1] | 100.00% | 100.00% |

[1]The Company is currently strengthening its procurement data systems to enable differentiation between purchases from Indian and overseas vendors

5. **Job creation in smaller towns - Disclose wages paid to persons employed (including employees or workers employed on a permanent or non-permanent / on contract basis) in the following locations, as % of total wage cost**

| Location | FY 2025-26 | FY 2024-25* |
|---|---|---|
| Rural | - | - |
| Semi-urban | - | - |
| Urban | 12.28 | - |
| Metropolitan | 87.72 | - |

* - **Note:** The metric was not calculated or reported in the previous year (FY2024-25). The Company has commenced calculation and reporting of this metric from the current reporting year(FY2025-26).

## LEADERSHIP INDICATORS

1. **Provide details of actions taken to mitigate any negative social impacts identified in the Social Impact Assessments (Reference: Question 1 of Essential Indicators above):**

   Not applicable

2. **Provide the following information on CSR projects undertaken by your entity in designated aspirational districts as identified by government bodies:**

   Please refer CSR report of this Annual report

3. (a) **Do you have a preferential procurement policy where you give preference to purchase from suppliers comprising marginalized / vulnerable groups? (Yes/No)**

   No, the company adheres strictly to a procurement policy where quality compliance is the sole parameter in healthcare setup

   (b) **From which marginalized /vulnerable groups do you procure?** Not Applicable

   (c) **What percentage of total procurement (by value) does it constitute?** Not Applicable

4. **Details of the benefits derived and shared from the intellectual properties owned or acquired by your entity (in the current financial year), based on traditional knowledge:**

   Nil

5. **Details of corrective actions taken or underway, based on any adverse order in intellectual property related disputes wherein usage of traditional knowledge is involved:**

   Nil

6. **Details of beneficiaries of CSR Projects:**

| S. No. | CSR Project | No. of persons benefitted from CSR Projects | % of beneficiaries from vulnerable and marginalized groups |
|---|---|---|---|
| 1 | Mobile Medical Services | 7,91,779 | 80% |
| 2 | Livelihood Projects | 24 | 100% |
| 3 | Treatment Aid Program | 3,275 | 100% |
| 4 | Eye Camps under ClearSight Project (free ophthalmic screening) for Govt School Children | 62,507 | 100% |
| 5 | Vocational Training Programs | 254 | 100% |

## PRINCIPLE 09

**BUSINESSES SHOULD ENGAGE WITH AND PROVIDE VALUE TO THEIR CONSUMERS IN A RESPONSIBLE MANNER**

### Essential Indicators

**1. Describe the mechanisms in place to receive and respond to consumer complaints and feedback.**

The Company has an established Feedback Management System across all units. Patients can share feedback through QR codes available within the premises, WhatsApp links sent to registered mobile numbers, and email links shared 24 hours after the service encounter. Additionally, verbal, and written feedback are directly captured in the Feedback Management System, and post-discharge calls are conducted for IP patients who have not submitted feedback through the available channels. This process covers OP, IP, ER, and Health Check patients.

All feedback is captured in the Company's Insight Feedback Management System and categorized as Compliments, Suggestions/Requests, and Complaints. Complaints are assigned to relevant stakeholders through an escalation matrix for closure with Root Cause Analysis (RCA) and Corrective and Preventive Actions (CAPA). The Service Excellence team reviews all CAPAs for quality assurance and appropriateness of actions before providing a closure rating.

**2. Turnover of products and/ services as a percentage of turnover from all products/service that carry information about:**

| | As a percentage to total turnover |
|---|---|
| Environmental and social parameters relevant to the product | Not Applicable |
| Safe and responsible usage | |
| Recycling and/or safe disposal | |

**3. Number of consumer complaints in respect of the following:**

| | FY 2025-26 (Current Financial Year) | | Remarks | FY 2024-25 | | Remarks |
|---|---|---|---|---|---|---|
| | Received during the year | Pending resolution at end of year | | Received during the year | Pending resolution at end of year | |
| Data privacy | - | - | - | - | - | - |
| Advertising | - | - | - | - | - | - |
| Cyber-security | - | - | - | - | - | - |
| Delivery of essential services | - | - | - | - | - | - |
| Restrictive Trade Practices | - | - | - | - | - | - |
| Unfair Trade Practices | - | - | - | - | - | - |
| Other | 25,165 | - | - | 29,521 | - | - |

**4. Details of instances of product recalls on account of safety issues:**

| | Number | Reasons for recall |
|---|---|---|
| Voluntary recalls | Not applicable as the Company is engaged in the business of Healthcare services. | |
| Forced recalls | | |

**5. Does the entity have a framework/ policy on cyber security and risks related to data privacy? (Yes/No) If available, provide a web-link of the policy.**

Yes, https://www.asterqualitycare.com/privacy-policy

**6. Provide details of any corrective actions taken or underway on issues relating to advertising, and delivery of essential services; cyber security and data privacy of customers; re-occurrence of instances of product recalls; penalty / action taken by regulatory authorities on safety of products / services:**

None during the reporting period

**7. Provide the following information relating to data breaches:**

a. **Number of instances of data breaches along-with impact:** Nil

b. **Percentage of data breaches involving personally identifiable information of customers:** NA

c. **Impact, if any, of the data breaches:** NA

## LEADERSHIP INDICATORS

1. **Channels / platforms where information on products and services of the entity can be accessed (provide web link, if available).**

   https://www.asterqualitycare.com/enterprise

2. **Steps taken to inform and educate consumers about safe and responsible usage of products and/or services.**

   We have implemented multiple initiatives to ensure patients are well-informed about the safe and responsible use of our healthcare services. These include the distribution of multilingual patient booklets and posters across our facilities, as well as pre- and post-treatment counselling by healthcare professionals. To further promote awareness, we conduct community workshops and seminars on key health topics. Additionally, we use digital platforms—such as our website and social media—to share reliable health information and engage with patients conveniently and effectively.

3. **Mechanisms in place to inform consumers of any risk of disruption/discontinuation of essential services.**

   The organization, through its Public Relations team in Corporate headquarters, notifies its consumers of any disruptions or discontinuations of essential services through the appropriate communication and operations teams.

4. **Does the entity display product information on the product over and above what is mandated as per local laws? (Yes/No/Not applicable)**

   Not applicable, as the company deals in healthcare services

5. **Did your entity carry out any survey with regard to consumer satisfaction relating to the major products / services of the entity, significant locations of operation of the entity or the entity as a whole? (Yes/No)**

   Mystery Audit is done once per quarter physically and there is no separate questionnaire shared over SMS. This is conducted by an external vendor based on a predefined checklist shared by us. They visit the facility as patients, avail the services, and generate a report based on their overall experience. Alternately, we share WhatsApp link with feedback questionnaire for getting the service feedback.