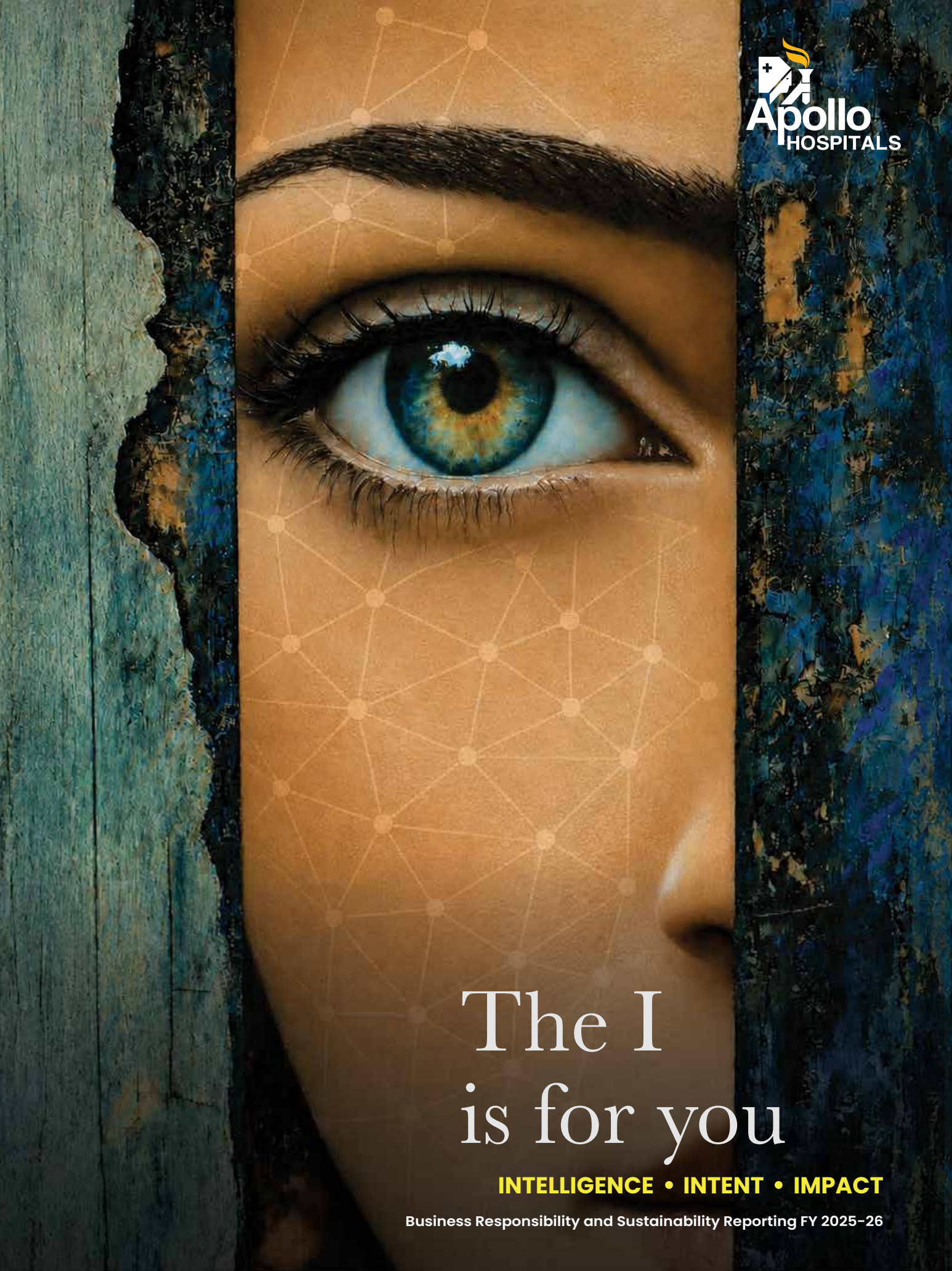


Apollo HOSPITALS

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INTELLIGENCE • INTENT • IMPACT

Business Responsibility and Sustainability Reporting FY 2025-26

BRSR OVERVIEW:

SECTION A – GENERAL DISCLOSURES

SECTION B – MANAGEMENT AND PROCESS DISCLOSURES

SECTION C – PRINCIPLE-WISE PERFORMANCE DISCLOSURE

PRINCIPLE 1	Businesses should conduct and govern themselves with integrity and in a manner that is ethical, transparent, and accountable
PRINCIPLE 2	Businesses should provide goods and services in a manner that is sustainable and safe
PRINCIPLE 3	Businesses should respect and promote the well-being of all employees, including those in their value chains
PRINCIPLE 4	Businesses should respect the interests of and be responsive to all its stakeholders
PRINCIPLE 5	Businesses should respect and promote human rights
PRINCIPLE 6	Businesses should respect and make efforts to protect and restore the environment
PRINCIPLE 7	Businesses, when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent
PRINCIPLE 8	Businesses should promote inclusive growth and equitable development
PRINCIPLE 9	Businesses should engage with and provide value to their consumers in a responsible manner
	BRSR – Reasonable Assurance Report

Business Responsibility & Sustainability Reporting 2025-26

SECTION A: GENERAL DISCLOSURES

I. Details of the listed entity;

1.	Corporate Identity Number (CIN) of the Listed Entity	L85110TN1979PLC008035
2.	Name of the Listed entity	Apollo Hospitals Enterprise Limited [AHEL]
3.	Year of incorporation	December 05, 1979
4.	Registered office address	No. 19, Bishop Gardens, Raja Annamalaipuram, Chennai – 600 028
5.	Corporate address	Sunny Side Building, 3rd Floor, East Block, No. 8/17 Shafee Mohammed Road, Chennai – 600 006
6.	E-mail	investor.relations@apollohospitals.com
7.	Telephone	+91-44-28290956
8.	Website	www.apollohospitals.com
9.	Financial year for which reporting is being done	FY 2025-26
10.	Name of the Stock Exchange(s) where shares are listed	National Stock Exchange of India Limited, Mumbai and BSE Limited, Mumbai
11.	Paid-up Capital	₹ 718.92 million
12.	Name and contact details (telephone, email address) of the person who may be contacted in case of any queries on the BRSR report	S.M. Krishnan investor.relations@apollohospitals.com
13.	Reporting Boundary	The disclosures under this report are made on a consolidated basis, unless otherwise specified. The environment indicators are reported based on the operational boundary approach as per GHG Protocol. In case of BRSR Core Indicators, the boundary considered is the same as the consolidated financial statements.
14.	Name of assurance provider	TUV SUD South Asia Private Limited
15.	Type of assurance obtained	Reasonable Assurance for BRSR core indicators

Note: "AHEL" represents healthcare services segment, which are carried out in Apollo Hospitals Enterprise Limited and its subsidiaries. "AHLL" represents the diagnostic & retail health segment, which includes clinics, diagnostic centers, dialysis centers, birthing centers, dental clinics, IVF and spectra centers which are carried out in Apollo Health and Lifestyle Limited and its subsidiaries.

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 of the entity
1	Healthcare services	Healthcare services offered through hospitals, clinics and online consultations	56.66%
2	Digital Health & Pharmacy Distribution	Sales and distribution of pharmaceutical drugs	42.29%

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

S. No.	Product/Service	NIC Code (2025)	% of total Turnover contributed
1	Healthcare services	861001	56.66%
2	Digital Health & Pharmacy Distribution	464907	42.29%

III. Operations

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

Our Scale and Leadership

10,970 Beds	78 Hospitals	7,289 Pharmacies
2,500+ Diagnostic Centres	300+ Clinics	47 million+ Registered Users of Apollo 24|7

Our Nationwide Healthcare Footprint

Hospitals

49 Owned, Subsidiaries & Associates	6 Managed	23 Cradle and Spectra (excludes BOMA)

Apollo Health & Lifestyle Limited

318 Primary Clinics	78 Sugar Clinics	280 Dental Clinics	34 Birthing Facilities*#
23 Spectra Facilities#	2,500+ Diagnostic Centres	167 Dialysis Centres	

**Apollo Cradle and Fertility and Cloudnine to combine (subject to CCI approval) to create one of India's largest maternity and fertility care platforms*
#Includes Brand Operations and Management Agreement (BOMA)

Apollo HealthCo Limited

7,289 Stores	1,300+ Cities and Towns	~360 million+ Transactions p.a.

India's Largest, Deeply Embedded Network of Care

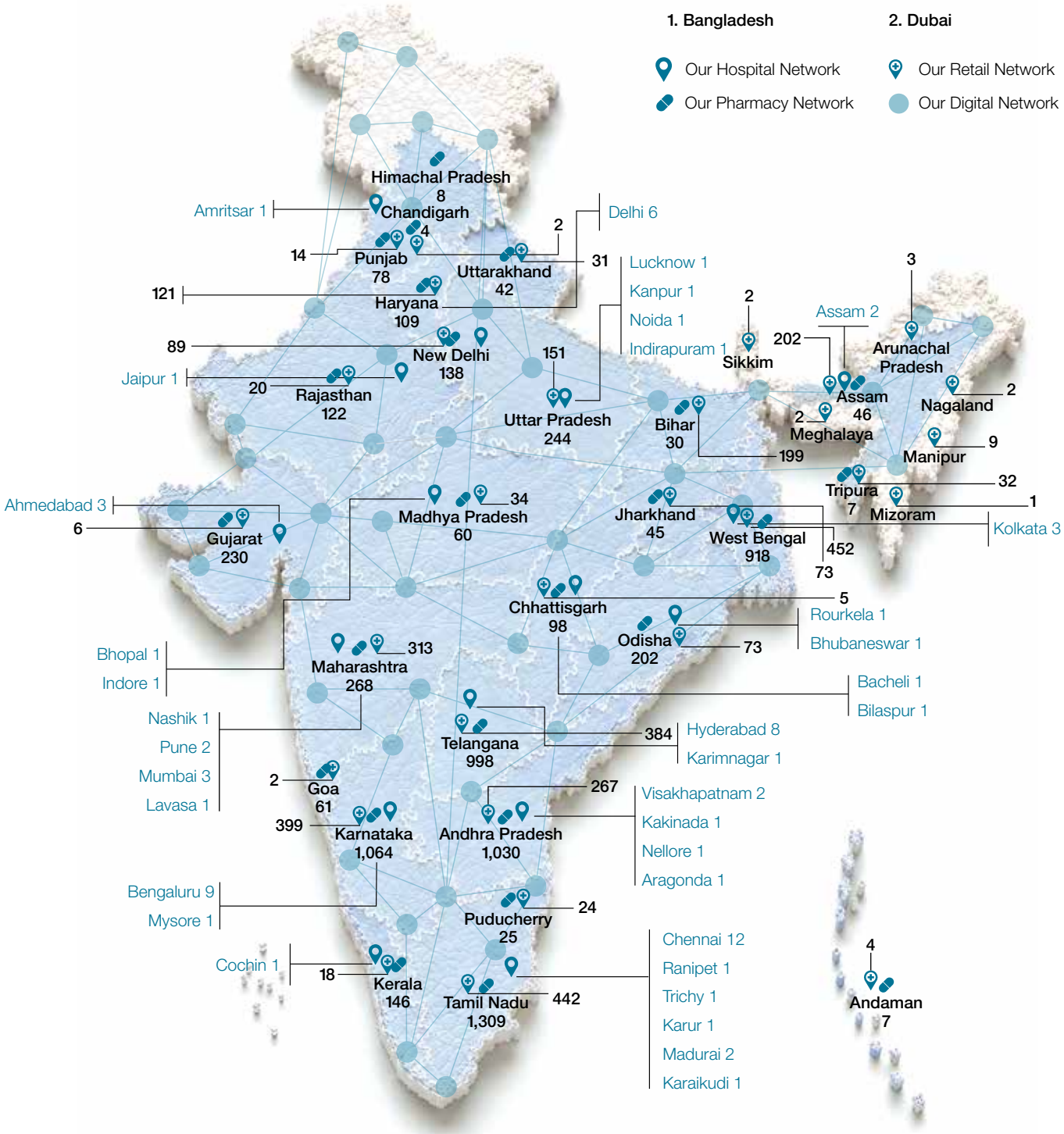
Overseas (Managed) Hospitals

1. Bangladesh
2. Bahrain

AHLL's International Retail Presence

1. Bangladesh
2. Dubai

Our Hospital Network
Our Retail Network
Our Pharmacy Network
Our Digital Network



Disclaimer: This map is a generalised illustration only for the ease of the reader to understand the locations, and it is not intended to be used for reference purposes. The representation of political boundaries and the names of geographical features/states do not necessarily reflect the actual position. The Company or any of its directors, officers or employees, cannot be held responsible for any misuse or misinterpretation of any information or design thereof. The Company does not warrant or represent any kind of connection to its accuracy or completeness.

19. Markets served by the entity:

a. Number of locations

Locations	Number
National (No. of States)	The Company provides services across 28 states and 4 Union territories
International (No. of Countries)	5 (Africa, Middle East, Bangladesh, Bahrain and Myanmar)

Note: The international sites consist of Apollo information centers and are not part of the healthcare services.

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

0.50%

c. A brief on types of customers

AHEL together with its subsidiaries, stands at the forefront of transforming healthcare delivery in India through a deeply integrated and patient-centric ecosystem. Driven by a steadfast commitment to advancing holistic healthcare and allied services, the organisation has built a far-reaching network encompassing world-class hospitals, cutting-edge digital health platforms, advanced diagnostic centers, and expansive pharmacy operations. Through this comprehensive healthcare infrastructure, AHEL continues to bridge accessibility gaps and extend quality medical care to millions across urban and rural communities alike.

AHEL serves a remarkably diverse patient population cutting across geographies, socio-economic segments and healthcare needs. It embodies the principles of inclusive healthcare, operational excellence, and ethical governance. Its unwavering focus on equitable access, innovation, and responsible corporate stewardship underscores the organisation's enduring mission to enhance health outcomes and improve the quality of life for communities throughout the nation.

Key Customer Segments

1. Patients – Healthcare Access and Social Commitment

Patients remain the cornerstone of AHEL's healthcare ecosystem, encompassing individuals seeking preventive, curative, rehabilitative, and emergency care services across diverse demographic and socio economic strata. The organisation serves urban and rural communities, economically vulnerable groups, and international patients through an integrated care delivery model.

Aligned with its social responsibility objectives, AHEL continues to strengthen healthcare accessibility through initiatives such as Aarogya Raksha, telemedicine platforms, outreach programmes, and affordable healthcare interventions. These initiatives contribute meaningfully to broader public health outcomes and support the achievement of the United Nations Sustainable Development Goals (SDGs), particularly SDG 3 – Good Health and Well-being. Through a patient-centric approach, AHEL seeks to enhance healthcare equity, clinical outcomes, and long-term community well-being.

2. Corporate Clients – Governance Through Responsible Healthcare Partnerships

AHEL delivers customised occupational health and wellness solutions to corporate clients through comprehensive health services programmes designed to support employee well-being, preventive care, and productivity enhancement. These strategic B2B engagements are underpinned by robust governance mechanisms, including stringent data privacy safeguards, ethical business practices, transparency in service delivery, and adherence to applicable regulatory frameworks.

By maintaining high standards of clinical governance and information security, AHEL reinforces stakeholder trust while enabling organisations to foster healthier and more resilient workforces.

3. Government and Public Sector – Enabling Equitable Healthcare Delivery

AHEL actively collaborates with government institutions and public sector entities to strengthen healthcare infrastructure and improve accessibility through Public-Private Partnership (PPP) models and national healthcare programmes. The organisation's participation in flagship initiatives such as Ayushman Bharat reflects its commitment to supporting universal healthcare coverage and addressing systemic healthcare disparities.

Through these partnerships, AHEL contributes to enhancing healthcare outreach, affordability, and service delivery efficiency, particularly for underserved and vulnerable populations. This engagement represents a convergence of social responsibility and sound governance practices, enabling sustainable public health outcomes at scale.

4. International Patients – Sustainable and Ethical Global Healthcare Services

AHEL caters to a growing international patient base through its medical value travel and specialised healthcare offerings, positioning itself as a trusted destination for high-quality clinical care. The organisation integrates patient-centric services with internationally benchmarked medical standards, thereby strengthening its global healthcare footprint.

Simultaneously, AHEL remains committed to environmentally responsible operations through the adoption of green hospitals initiatives, resource optimisation practices, and sustainable infrastructure development. By embedding sustainability and ethical healthcare practices into its international care model, the organisation seeks to minimise environmental impact while delivering world-class healthcare experiences to patients from across geographies.

5. Shareholders and Investors –Long-Term Value Creation

AHEL remains committed for safeguarding shareholder interests through a governance framework anchored in transparency, accountability, ethical conduct, and sustainable value creation. The organisation actively engages with shareholders and the investor community through timely disclosures, robust financial reporting, and consistent communication practices in compliance with applicable regulatory requirements and corporate governance standards.

By integrating Environmental, Social, and Governance (ESG) considerations into its strategic decision-making processes, AHEL has sought to strengthen long-term business resilience, risk management, and stakeholder confidence. The Company's focus on sustainable growth, operational excellence, and responsible capital allocation supports enduring value creation while aligning investor expectations with broader societal and environmental priorities under the BRSR framework.

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	
			No. (B)	%(B/A)	No. (C)	% (C/A)
	EMPLOYEES					
1.	Permanent (D)	44,008	21,497	48.85%	22,511	51.15%
2.	Other than Permanent (E)			NA		
3.	**Total employees (D + E)**	**44,008**	**21,497**	**48.85%**	**22,511**	**51.15%**
	WORKERS					
4.	Permanent (F)					
5.	Other than Permanent (G)			NA		
6.	**Total workers (F + G)**					

Note:

- The above data for FY 2025-26 is only for AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards.
- Non-permanent employees (Contractual employees) are currently not reported. We are working on a mechanism to track these numbers consistently. In our business' operating model, contractual employees consist of housekeeping staff, security staff, F&B amongst others.
- Apollo has not included workers for FY 2025-26 due to the monthly variability in their numbers. Efforts are currently underway to develop a mechanism that will enable consistent and accurate reporting of this category in future disclosures.

b. Differently abled employees and workers

S. No	Particulars	Total (A)	Male		Female	
			No. (B)	%(B/A)	No. (C)	%(C/A)
	DIFFERENTLY ABLED EMPLOYEES					
1.	Permanent (D)	34	17	50%	17	50%
2.	Other than Permanent (E)	NA				
3.	**Total differently abled employees (D + E)**	34	17	50%	17	50%
	DIFFERENTLY ABLED WORKERS					
4.	Permanent (F)	NA				
5.	Other than permanent (G)					
6.	**Total differently abled workers (F + G)**					

Note: The above data for the financial year 2025-2026 relates to AHEL.

21. Participation/Inclusion/Representation of women

	Total (A)	No. and percentage of Females	
		No. (B)	% (B/A)
Board of Directors	10	6	60.00%
Key Management Personnel	3	1	33.33%

22. Turnover rate for permanent employees and workers

(Disclose trends for the past 3 years)

	FY 2025-26			FY 2024-25			FY 2023-24		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Permanent Employees	20%	23.2%	21.6%	30%	32%	27%	33%	38%	35%
Permanent Workers	Not Applicable								

Note: The above data for FY 2025-26 and FY 2024-25 is only for AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards.

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	A.B. Medical Centers Limited (ABMCL)	Wholly Owned Subsidiary	100%	Yes. The Company, along with all its subsidiaries, associates and JVs are guided by the Company's Code of Conduct, which provides guidelines on conducting business in an ethical, responsible, and accountable manner. The Company encourages its subsidiaries, associates and JVs to carry out Business Responsibility Initiatives to the extent that they are material in relation to the business activities and the region of operation of the subsidiaries, associates and JVs.
2	Samudra Healthcare Enterprises Limited (SHEL)	Wholly Owned Subsidiary	100%	
3	Total Health (TH)	Wholly Owned Subsidiary	100%	
4	Apollo Hospital (UK) Limited (AHUKL)	Wholly Owned Subsidiary	100%	
5	Apollo Hospitals Singapore Pte Limited (AHSPL)	Wholly Owned Subsidiary	100%	
6	Apollo Multispeciality Hospitals Limited (AMSHL)	Wholly Owned Subsidiary	100%	
7	Apollo Hospitals North Limited (AHNL)	Wholly Owned Subsidiary	100%	
8	Apollo Hospitals Jammu and Kashmir Limited (AHJKL)	Wholly Owned Subsidiary	100%	
9	Apollo HealthCo Limited (AHCL)	Subsidiary	99.68%	
10	Apollo Health and Lifestyle Limited (AHLL)	Wholly Owned Subsidiary	100%	
11	Apollo PET – CT Private Limited (PET-CT)	Wholly Owned Subsidiary	100%	
12	Apollo Healthtech Limited (AHTL)	Wholly Owned Subsidiary	100%	
13	Apollo Home Healthcare Limited (AHHL)	Subsidiary	74%	
14	Apollo Medics International Lifesciences Limited (MEDICS)	Subsidiary	51%	
15	Apollo Nellore Hospital Limited (ANHL)	Subsidiary	80.87%	
16	Apollo Rajshree Hospitals Private Limited (ARHPL)	Subsidiary	54.63%	
17	Apollo Hospitals International Limited (AHIL)	Subsidiary	50%	
18	Assam Hospitals Limited (AHL)	Subsidiary	76.20%	
19	Apollo Lavasa Health Corporation Limited (ALHCL)	Subsidiary	51%	
20	Imperial Hospital and Research Centre Limited (IHRCL)	Subsidiary	90%	

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)
21	Future Parking Private Limited (FPPL)	Subsidiary	49%	
22	Kerala First Health Services Pvt Limited (KFHSPL)	Subsidiary	60%	
23	Sapien Biosciences Private Limited (SBPL)	Subsidiary	70%	
24	Health Axis Private Limited (HAPL)	Subsidiary	69.99%	
25	Apollo Hospitals Worli LLP (AHWL)	Subsidiary	90.10%	
26	Apollo Speciality Hospitals Private Limited (ASHPL)	Step Down Subsidiary	100%	
27	AHLL Diagnostics Limited (ADL)	Step Down Subsidiary	100%	
28	AHLL Risk Management Private Limited (ARMPL)	Step Down Subsidiary	100%	
29	Apollo Dialysis Private Limited (ADPL)	Step Down Subsidiary	69.20%	
30	Alliance Dental Care Limited (ADCL)	Step Down Subsidiary	69.09%	
31	Apollo Sugar Clinics Limited (ASCL)	Step Down Subsidiary	80%	
32	Care Diagnostics Private Limited (CDPL),	Step Down Subsidiary	70.98%	
33	Apollo Cradle and Children Hospital (Mumbai) Private Limited, (ACCHL)	Step Down Subsidiary	50.90%	
34	Apollo Spectra Centers Private Limited (ASCPL)	Step Down Subsidiary	100%	
35	Apollo Fertility Centre Private Limited (AFCPL)	Step Down Subsidiary	100%	
36	Apollo CVHF Limited (ACVHF)	Step Down Subsidiary	66.67%	
37	Apollo Consumer Products Limited (ACPL)	Step Down Subsidiary	100%	
38	Belenus Champion Hospital Private Limited (BCHPL)	Step Down Subsidiary	100%	
39	Asclepius Hospitals & Healthcare Pvt Limited (ACHL)	Step Down Subsidiary	75.99%	
40	Baalayam Healthcare Pvt Ltd (BHPL)	Step Down Subsidiary	100%	
41	Sobhagya Hospital and Research Centre Private Limited (SHRCL)	Step Down Subsidiary	51%	
42	Apollo 24|7 Insurance Services Limited, (AISL)	Step Down Subsidiary	100%	
43	Apollo Health Axis Inc (AHAI)	Step Down Subsidiary	100%	
44	Apollo Dialysis Philippines Inc (ADPI)	Step Down Subsidiary	100%	
45	Family Health Plan Insurance (TPA) Limited	Associate	49%	
46	Indraprastha Medical Corporation Limited	Associate	22.03%	

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)
47	Stemcyte India Therapeutics Private Limited (SITPL)	Associate	37.75%	
48	ApoKos Rehab Private Limited (ARPL)	Joint Venture	50%	
49	Nexify Health Private Limited (NHPL)	Joint Venture of HAPL	50%	
50	Apollo Medicals Private Limited (AMPL)	Indirect Associate (Associate of AHCL)	25.50%	
51	Apollo Pharmalogistics Private Limited (APPL)	Indirect Associate	100%	
52	Apollo Pharmacies Limited (APL)	Indirect Associate	100%	
53	Apollo Pharmaproducts Private Limited (APPPL)	Indirect Associate	100%	

VI. CSR Details

24.

i. Whether CSR is applicable as per section 135 of Companies Act, 2013: Yes

ii. Turnover* (in million ₹): ₹ 252,285 million

iii. Net worth (in million ₹): ₹ 99,745 million

*Turnover is presented on a consolidated basis

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	Grievance Redressal Mechanism in Place (Yes/No) (If Yes, then provide web-link for grievance redress policy)	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	Yes, patients and communities can reach us at info@apollohospitals.com	-	-	-	-	-	-
Shareholders and Investors	Yes, Shareholder grievances can be addressed to the compliance officer at krishnan_sm@apollohospitals.com	363	0	-	170	0	-

Stakeholder group from whom complaint is received	Grievance Redressal Mechanism in Place (Yes/No) (If Yes, then provide web-link for grievance redress policy)	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
Employees and workers	Yes, the Company has a grievance redressal mechanism in place for our employees	-	-	-	-	-	-
Customers	Yes, a dedicated website for patient feedback can be found at https://feedback.askapollo.com/kiosk.aspx?key=TnpFPS01QU9zQmNkRGJUZz0=&kioskkey=TnpFPS1BclNQRDBZQlFLQT0=	3,266	0	-	3,079	0	-
Value Chain Partners	Yes, we have a supplier grievance redressal mechanism outlined in our Supplier code of conduct	-	-	-	-	-	-
Other (please specify)	-	-	-	-	-	-	-

Note: To address grievances, we have internal processes and policies in place for our different stakeholders. For our internal stakeholders, AHEL has a policy on employee grievance redressal system from 2013. The employee grievance redressal system (EGRS) has been a tool for the employees where there are set standard operating procedures in place and a hotline/email through which various concerns could be raised and addressed within the stipulated period.

Further, our stakeholders can utilise the below frameworks in place to report any grievances:

https://www.apollohospitals.com/apollo_pdf/Whistle-Blower-Policy.pdf

https://www.apollohospitals.com/apollo_pdf/sexual-harassment-redressal-policy.pdf

Customers complaints reported include those related to services and administrative issues.

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

Please indicate 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, as per the following format.

AHEL has adopted a proactive mechanism to identify risks across its enterprise. Our materiality matrix is crafted following international benchmarks such as the GRI and the SASB framework specific to healthcare services. The matrix prioritises issues based on the Company's impacts and stakeholder groups' needs, aligning each material topic with corresponding UN Sustainable Development Goals (SDGs). The evaluation conducted, is qualitative and does not adhere to formal financial or legal materiality definitions. Adjustments to the materiality matrix are made periodically, as necessary.

S. No.	Material issue identified	Indicate whether risk or opportunity (R/O)	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	Service Quality and Patient Safety	R	Ensuring the safety of patients is essential for health care services. To ensure high standards of service quality coupled with patient safety. We have aligned our processes and procedures in line with the International Patient Safety Goals (IPSG).	IPSG standards were developed by Joint Commission International to ensure safe delivery of care and aligning with the six goals of IPSG, we have implemented protocols and have mechanisms in place like UHID identification for patients, policies for verbal orders, maintenance of High Alert Medication list at unit level, implementation of safe surgery checklist, daily hand hygiene surveillance and conducting Root Cause Analysis (RCA) for critical internal incidents for ensuring high standards of service quality and patient safety.	Negative
2	Labour Management	O	The workforce is a critical stakeholder. Labour relations are critical for the provisioning of essential service providers such as AHEL as it directly impacts the quality of services. We are proud to be an equal opportunity employer and strive towards promoting diversity in the workplace.	At Apollo we firmly believe that employee satisfaction and well-being form the cornerstone of our organisational success. To uphold this principle, we have established comprehensive policies and systems designed to protect the interests of our employees and effectively address any grievances. We recognise and respect the importance of employee associations and unions in fostering a supportive and collaborative work environment. In line with our commitment to continuous growth, AHEL actively invests in training and upskilling initiatives to ensure our workforce remains equipped to deliver exceptional service. In addition, we prioritise the health and financial security of our employees and their families by offering robust coverage through Life Insurance, Personal Accident Insurance, and Medical Insurance plans.	Positive
3	Customer Satisfaction	O	Customer Satisfaction is the cornerstone of our organisation and AHEL endeavours to provide best-in-class service at an affordable and accessible manner to our customers.	AHEL measures customer satisfaction through the Voice of Customer process. This is a strong feedback mechanism with listening and learning ports for collecting Patient Feedback at all touch points. This is a customised framework developed in-house that collects feedback and translates it into qualitative and quantitative data that is used for enhancing the customer experience.	Positive

S. No.	Material issue identified	Indicate whether risk or opportunity (R/O)	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)
4	Information to Customers	O	AHEL ensures clear and transparent communication to all the customers right from the initial admission process. AHEL ensures detailed information is provided to customers regarding the treatment plans and the related costs associated for choosing the best option based on affordability and relevant insurance plan.	Robust mechanisms are in place to enable transparent communications like availability of indicative cost of services for in and outpatients and implementation of the patient communication app to help family members to get updates regarding the clinical status of the patients. This tool is also used to schedule appointments for virtual interactions with the care team.	Positive
5	Privacy and Cyber security	R	Privacy and cybersecurity are becoming major global concerns as a result of the rising digitalisation of healthcare data. A vast range of information is gathered, including patient's personal data, sensitive data on diseases, proprietary enterprise data, and confidential financial information.	AHEL has implemented several safeguards to protect the privacy of the data collected, both for the benefit of patients and as an enterprise. These consist mostly of enterprise-wide standards, software, monitoring, and surveillance. The Risk Management function and the Audit Committee oversee all data privacy, cybersecurity, and digital activities. AHEL is ISO 27001 certified and also has a data protection policy posted on its website.	Negative
6	Carbon Emissions	R	Human health is being impacted by climate change and ecological degradation, which is compromising the effectiveness of healthcare systems. To enhance health outcomes, it is essential to reduce the carbon emissions as a step towards climate action as carbon emissions & GHG gases contribute to global warming thereby having adverse impacts on the entire ecosystem, economies and populations.	A systems-level strategy is required to offer better healthcare outcomes with a lesser environmental footprint due to the complexity of the environmental challenge. As a result, we are constantly looking for ways to increase operational efficiencies by consuming less thermal and electrical energy. We have embraced the most recent technologies and supported initiatives that have reduced the use of fossil fuels while sharpening our focus on renewable energy sources like wind turbines, and solar energy to reduce the carbon emissions.	Negative

S. No.	Material issue identified	Indicate whether risk or opportunity (R/O)	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)
7	Energy Efficiency and Management	O	Energy use is one of the main causes of GHG emissions, and energy prices directly affect how much it costs to run a business while negatively impacting the climate and human health.	In order to ensure a 20% decrease in overall energy consumption for our largest 18 hospitals in India, AHEL has signed a 10-year pay-as-you-save arrangement (JoulePAYS) with the foremost energy efficiency firm in the sector. AHEL's efforts on energy management has resulted in a gradual decline in its total energy consumption over the years. We have also increased the percentage of renewable energy sources in our energy consumption. We make consistent and ongoing efforts to optimise energy consumption by implementing cutting-edge strategies to cut and maximise usage. Some significant measures include the implementation of Project Virya for reducing energy consumption & carbon footprint, Also an Analysis of GHG Accounting is being done to understand our emissions inventory and for implementing effective mitigation strategies which directly reduces the emissions.	Positive
8	Occupational Health and Safety	R	Healthcare services personnel are in the frontline while handling patients and are vulnerable to infectious diseases and other exposures AHEL believes that embedding safety in the organisational culture can effectively reduce errors and eliminate any adverse events.	AHEL has a robust infection prevention and control programme to safeguard its employees from occupational Hazards and conducts periodic training and testing of staff to prevent infection to patients and also to ensure the safety of our people. Moreover, AHEL has implemented Automated Incident Reporting System (AIRS) wherein employees can raise or record safety incidents anonymously. Severity Assessment Scoring (SAC) is done for each incident to conduct Root Cause Analysis and to develop strategies for avoiding such incidents in the future. All employees have been vaccinated in accordance with the internal policies applicable to their respective departments.	Negative

S. No.	Material issue identified	Indicate whether risk or opportunity (R/O)	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	Corporate Governance	O	AHEL is committed to conducting its business with transparency, accountability and integrity and believes that good governance practices can lead to long term stakeholder value creation.	The Board is comprised of several eminent Independent Directors apart from Executive Directors who place a strong emphasis on sound governance practices.	Positive
10	Business Ethics and Compliance	R	Any unethical behaviour poses a serious threat to the reputation of the enterprise and can have a cascading negative effect on customer loyalty brand value and trust with stakeholders. AHEL is committed to conducting business in a fair, ethical and responsible manner and has mechanisms in place to ensure compliance.	AHEL encourages its internal and external stakeholders to communicate any ethical concerns or behaviour. Our Code of Conduct and vigil mechanism policies provide guidance on appropriate professional conduct and all our employees are provided training on these principles. We also have an Anti-Bribery and Anti-Corruption policy to prohibit any unethical behaviour. Furthermore, we have internal controls to prevent fraud and errors.	Negative

SECTION B: MANAGEMENT AND PROCESS DISCLOSURES

This section is aimed at helping businesses demonstrate the structures, policies and processes put in place towards adopting the NGRBC Principles and Core Elements. At AHEL, we have a robust management framework in place which enables us to align with the NGRBC Principles with respect to structure and policies to ensure we continue to deliver our best in an ethical, and responsible way. This encompasses transparent and principled business practices that hold us accountable, as well as protect the interests of our stakeholders, including customers and employees.

Principle 1	Businesses should conduct and govern themselves with integrity and in a manner that is ethical, transparent, and accountable.
Principle 2	Businesses should provide goods and services in a manner that is sustainable and safe.
Principle 3	Businesses should respect and promote the well-being of all employees, including those in their value chains.
Principle 4	Businesses should respect the interests of and be responsive to all its stakeholders.
Principle 5	Businesses should respect and promote human rights.
Principle 6	Businesses should respect and make efforts to protect and restore the environment.
Principle 7	Businesses, when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent.
Principle 8	Businesses should promote inclusive growth and equitable development.
Principle 9	Businesses should engage with and provide value to their consumers in a responsible manner.

Disclosure Questions			P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9
Policy and management processes											
1.	a.	Whether your entity's policy/policies covers each principle and its core elements of the NGRBCs. (Yes/No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
	b.	Has the policy been approved by the Board? (Yes/No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
	c.	Web Link of the Policies, if available	https://www.apollohospitals.com/sites/default/files/2025-02/code-of-conduct-directors.pdf https://www.apollohospitals.com/apollo_pdf/code-of-conduct-sm.pdf https://www.apollohospitals.com/sites/default/files/2025-04/whistle-blower-policy.pdf https://www.apollohospitals.com/apollo_pdf/csr-policy.pdf https://www.apollohospitals.com/sites/default/files/2025-02/board_familiarisation_policy_2023.pdf https://www.apollohospitals.com/apollo_pdf/Supplier-Code-Conduct.pdf https://www.apollohospitals.com/apollo_pdf/Human-Rights-Policy.pdf https://www.apollohospitals.com/apollo_pdf/Diversity-Inclusion-Policy.pdf https://www.apollohospitals.com/sites/default/files/2025-02/policy-on-occupational-health-and-safety.pdf https://www.apollohospitals.com/sites/default/files/2025-02/ethical-marketing-statement.pdf								
2.		Whether the entity has translated the policy into procedures. (Yes / No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
3.		Do the enlisted policies extend to your value chain partners? (Yes/No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
4.		Name of the national and international codes/ certifications/labels/ standards (e.g. Forest Stewardship Council, Fairtrade, Rainforest Alliance, Trustee) standards (e.g. SA 8000, OHSAS, ISO, BIS) adopted by your entity and mapped to each principle.	AHEL conforms to the following national and international standards: 1) NVG Guidelines issued by the Ministry of Corporate Affairs, GOI 2) Eight Apollo Hospitals are accredited by Joint Commission International (JCI). 3) Environment Guidelines as per ISO 14001 and Ministry of Environment, Forest and Climate Change of India- 3 hospitals are certified: Apollo Chennai Main Hospital, Apollo Speciality Hospitals Chennai, Apollo Hospitals Teynampet; Indraprastha, New Delhi. 4) Apollo Hospitals Clinical AI and Apollo 24/7 CIE are certified by ISO 13485. 5) ISO/IEC 27001:2013 is implemented at all Apollo Hospitals. 6) Human research participants are secured by guidelines set by the Association for the Accreditation of Human Research Protection Program (AAHRPP) 7) 15 hospitals are National Accreditation Board for Testing and Calibration Laboratories (NABL) certified 8) 33 hospitals are accredited by National Accreditation Board for Hospitals and Healthcare Providers (NABH) 9) NABH Blood Bank - 5 Hospitals have been certified as of FY 2025-26								

Disclosure Questions	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9
5. Specific commitments,goals and targets set by the entity with defined timelines, if any.	AHEL has undertaken its initial materiality assessment in the previous reporting cycle and has since remained focused on enhancing performance across key material areas. In the human resources domain, the organisation set a target to reduce employee turnover to below 25% in alignment with its employee engagement and retention strategy. Through strengthened people practices, enhanced engagement initiatives, leadership development programmes, and targeted retention measures, AHEL successfully reduced employee turnover by 22% during the reporting year, thereby achieving and surpassing its stated commitment and reinforcing its focus on building a supportive, inclusive, and growth-oriented workplace culture. In terms of customer relations, AHEL has established a goal for achieving an 84% patient satisfaction rate, as measured by the Net Promoter Score (NPS), which currently stands at 74. Regarding cybersecurity, the objective is to maintain zero breaches, which we continue to monitor year on year. Environmentally, AHEL has rolled out an environmental program across all its hospitals, underpinned by a structured management framework. In this cycle, an exhaustive evaluation of environmental KPIs has been performed. Based on these assessments, AHEL has set forth objectives to reduce energy and water consumption by 10% from the FY 2024-25 benchmark. Moreover, there's an initiative to incrementally increase the incorporation of renewable energy into its operations, aiming for 25% of total energy and 25% of electricity demands to be supplied by renewable resources by FY 2025-26. We are pleased to state that we have achieved a renewable energy contribution of 25% and 30% of our purchased electricity comes from renewable sources, marking significant progress at end to the fiscal year in attainment of our sustainability goals								
6. Performance of the entity against the specific commitments, goals and targets along-with reasons in case the same are not met.	AHEL's performance has consistently remained aligned with the defined targets across key strategic and operational parameters, including employee satisfaction, customer satisfaction, cybersecurity resilience, clinical programmes, and the reduction of critical incidents reported.								

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)

At Apollo, we recognise that we operate in an increasingly complex global environment shaped by climate-related disruptions, geopolitical uncertainty, resource constraints, and growing expectations for responsible and sustainable business practices. In response, Apollo continues to advance with clarity of purpose, guided by our mission of "Touching a Billion Lives," ensuring that our growth consistently translates into meaningful and measurable impact for individuals, communities, and the planet.

Throughout the year, we have remained steadfast in delivering high-quality clinical outcomes while simultaneously strengthening our Environmental, Social, and Governance (ESG) priorities. Through Apollo's Sustainability Action Plan (ASAP), we have achieved measurable progress across key environmental objectives, deepened our engagement with communities, and reinforced our commitment to ethical and responsible governance. In parallel, we have enhanced our ESG framework by introducing updated policies and launching new initiatives designed to strengthen impact measurement, transparency, and accountability. These efforts are underpinned by robust governance mechanisms that enable systematic monitoring, assessment, and reporting of our environmental and social performance.

Our CSR initiatives have continued to expand, enabling us to support community development initiatives and improve access to quality healthcare across the regions in which we operate. By embedding ESG principles into our core strategy, we are focused on creating long-term, sustainable value for all stakeholders. At the same time, we remain mindful of the challenges that accompany our continued expansion and operational complexity. We are committed to ensuring alignment of ESG practices across all facilities so that every Apollo hospital reflects consistent standards of safety, sustainability, and clinical excellence.

Looking ahead, we will continue to invest in globally recognized accreditations and standards, strengthen ESG awareness across our workforce, and expand our impact through strategic partnerships and innovation. We remain committed to this journey—guided by purpose, grounded in ethics, and dedicated to advancing sustainability at every step.

8.	Details of the highest authority responsible for implementation and oversight of the Business Responsibility policy(ies).	• Name: Smt. Suneeta Reddy • Designation: Managing Director • DIN: 00001873
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.	Yes, the Board CSR and Sustainability Committee is responsible for decision making on sustainability related issues.

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	Y	Y	Y	Y	Y	Y	Y	Y	Y	Q	A	Q	A	A	A	A	Q	Q
Compliance with statutory requirements of relevance to the principles, and, rectification of any non-compliances	Y	Y	Y	Y	Y	Y	Y	Y	Y	Q	A	Q	A	A	A	A	Q	Q

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.	P 1 P 2 P 3 P 4 P 5 P 6 P 7 P 8 P 9 We conduct internal reviews, but no external agency has undertaken an assessment/ evaluation of the working of the policies.

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

Questions	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9
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

This section helps organisations demonstrate how they have incorporated the 9 Principles and BRSR Core into their operations and decision-making. The information requested is divided into "Essential" and "Leadership" categories. All reporting entities must disclose the essential indicators, while the leadership indicators are optional, intended for organisations aiming to showcase advanced social, environmental, and ethical responsibility.

PRINCIPLE 1 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	% age of persons in respective category covered by awareness programmes
Board of Directors	8	Update on advanced medical technology. Usage of technology in various therapeutic areas.	100%
Key Managerial Personnel	8	Update on advanced medical technology. Usage of technology in various therapeutic areas	100%
Employees other than BoD and KMPs	7	Health and Safety, Cyber Security, Upskilling, Clinical Upskilling, Patient Safety, POSH Occupational Health and Safety	100%

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					
Secondary Particulars	**NGRBC Principle**	**Name of the regulatory/ enforcement agencies/ judicial institutions**	**Amount (In ₹)**	**Brief of the Case**	**Has an appeal been preferred? (Yes/No)**
Penalty/Fine	NIL	-	-	-	-
Settlement	NIL	-	-	-	-
Compounding fee	NIL	-	-	-	-

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	Nil	Nil	Not Applicable	Not Applicable
Punishment	Nil	Nil	Not Applicable	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.

Case Details	Name of the regulatory/enforcement agencies/ judicial institutions
Not Applicable	

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

AHEL maintains a zero-tolerance stance on bribery and corruption. This Anti-Bribery and Anti-Corruption Policy is binding on all individuals associated with the Company, including leadership, employees, contractors, consultants, and any third parties acting on its behalf. It categorically prohibits the offer, solicitation, acceptance, or exchange of any form of bribe, kickback, undue advantage, gift, hospitality, or favours that could improperly influence or appear to influence any business, clinical, or administrative decision.

Web link: https://www.apollohospitals.com/sites/default/files/2025-02/anti-bribery-and-anti-corruption-policy.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:

Particulars	FY 2025-26	FY 2024-25
Directors	NIL	NIL
KMPs	NIL	NIL
Employees	NIL	NIL
Workers	NIL	NIL

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	NIL	NIL	-	-
Number of complaints received in relation to issues of Conflict of Interest of the KMPs	NIL	NIL	-	-

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.

NA

8. Number of days of accounts payables ((Accounts payable *365) / Cost of goods/services procured) in the following format (BRSR Core):

Particulars	FY 2025-26	FY 2024-25
Number of days of accounts payables	45	53

9. Openess 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	a. Purchases from trading houses as % of total purchases[1]	-	-
	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	a. Purchases (Purchases with related parties / Total Purchases)	48%	46%
	b. Sales (Sales to related parties / Total Sales)	42%	41%
	c. Loans & advances (Loans & advances given to related parties / Total loans & advances)	2%	12%
	d. Investments (Investments in related parties / Total Investments made)	6%	34%

[1]The Company represents that its vendors of material goods and services are not trading houses. There are no exclusive purchases by the agent or distributors on behalf of the Apollo Hospitals Group. Medical equipment and devices are sourced directly from Original Equipment Manufacturers (OEMs) with their own offices in India. There is no specific guidance on trading houses in the SEBI Circular.

[2]The Company largely provides services, further the nature of Sales made by the Company are largely direct sales to consumers, there have been no sales to dealers and distributors identified by the management.

LEADERSHIP INDICATORS

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

AHEL places significant emphasis on its engagement with major suppliers and service providers on the key principles of the Business Responsibility and Sustainability Framework. In furtherance of this commitment, these principles have been duly integrated into the Company's vendor evaluation, onboarding, and annual review processes applicable to key value chain partners, including suppliers, service providers, and outsourced personnel.

The Central Procurement function has proactively undertaken the initiative to create awareness and promote responsible business practices among such value chain partners. This initiative places particular emphasis on ethical business conduct, patient safety standards, data privacy and confidentiality, occupational health and safety practices, and strict compliance with all applicable statutory and regulatory requirements in the performance and execution of contractual obligations.

The objective of this initiative is to further strengthen responsible business practices across the value chain and to ensure sustained alignment with the Company's overarching commitment to sustainability, integrity, and the delivery of high-quality healthcare services.

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 Code of Conduct mandates that all Directors and senior management personnel disclose any transaction that may pose a conflict of interest with the Company's business. They are obligated to guarantee that these transactions do not interfere with their duties and responsibilities to the Company. This policy requires pre-approval from the Audit Committee for such transactions. Examples of these transactions include investments in the Company's suppliers, competitors, or customers; and holding directorship positions in competing companies.

PRINCIPLE 2 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.

Particulars	FY 2025-26	FY 2024-25	Details of improvements in environmental social impacts
R&D	-	-	Not Applicable
Capex	-	-	Project Virya, in partnership with Smart Joules, led to 32.9% and 25.1% energy savings in Apollo Madurai and Apollo Bilaspur respectively. Additionally, ~ 14.5 lakh litres of diesel were saved and ~ 1.1 lakh tCO2e emissions avoided.

*A mechanism to calculate total capex expenditure for environmental and social initiatives is being formulated, as of this year we are not reporting on this indicator but we will do so moving forward.

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

Yes

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

All suppliers are evaluated and monitored based on our supplier code of conduct and vendor rating system that includes environmental, social, and governance (ESG) factors.

3. Describe the processes in place to safely reclaim your products for reusing, recycling and disposing at the end of life, for (a) Plastics (including packaging) (b) E-waste (c) Hazardous waste and (d) other waste.

Waste type	Waste management procedure in place
Plastics (including packaging)	Not Applicable – Waste generated in hospitals is handed over for safe disposal through government-authorised vendors.
E-waste	
Hazardous waste	
Other waste (wastepaper and paper products)	

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.

EPR is not applicable. As responsible users of plastic, we ensure appropriate disposal and adhere to all regulations and guidelines for handling and disposing of plastics.

PRINCIPLE 3 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	21,497	21,497	100%	21,497	100%	-	-	-	-	NA	
Female	22,511	22,511	100%	22,511	100%	22,511	100%	-	-		
Total	44,008	44,008	100%	44,008	100%	22,511	51.15%	-	-		
Other than Permanent employees											
Male	Not Applicable										
Female											
Total											

Note: FY 2025-26 data pertains to AHEL and AHLL. Data relating to the other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards.

b. Details of measures for the well-being of workers:

Category	Total (A)	% of workers 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 workers											
Male	Not Applicable										
Female											
Total											
Other than Permanent workers											
Male	Not Applicable										
Female											
Total											

c. Spending on measures towards well-being of employees and workers (including permanent and other than permanent) in the following format.

Particulars	FY 2025-26	FY 2024-25
Cost incurred on wellbeing measures as a % of total revenue of the Company	0.37%	0.32%

Note: The Aforementioned well-being costs includes costs incurred for health insurance, accident insurance, and maternity benefits for permanent employees.

2. **Details of retirement benefits, for Current FY 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	87%	Not Applicable	Y	89%	Not Applicable	Y
Gratuity	87%		Y	91%		Y
ESI	41%		Y	35%		Y
Others – please specify	Not Applicable					

Note: FY 2025-26 data pertains to AHEL and AHLL. Data relating to the other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards.

ACCESSIBILITY OF WORKPLACES

3. **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? If not, whether any steps are being taken by the entity in this regard.**

Yes. Workers and employees with disabilities can access all AHEL hospitals and offices. We have installed indoor and outdoor amenities including lighting, signage, alarm systems, and restrooms, as well as steps and ramps, corridors, entry gates, emergency exits, and parking facilities for ease of access. As part of our commitment to inclusive and equitable workplace practices, AHEL has taken deliberate steps to ensure that our premises and office environments are accessible to employees/ workers/ patient/ public with diverse physical abilities. We recognise that accessibility is a key component of diversity, equity, and inclusion, and we strive to provide an environment where all individuals can access and perform at their best without barriers

4. **Does the entity have an equal opportunity policy as per the Rights of Persons with Disabilities Act, 2016? If so, provide a web-link to the policy.**

Yes, AHEL is an equal opportunity employer. We have aspects of equal opportunity embedded in our HR manual and policy which are available internally.

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

Gender	Permanent employees		Permanent workers	
	Return to work rate	Retention rate	Return to work rate	Retention rate
Male	-	-	Not Applicable	
Female	96%	87.2%		
Total	96%	87.2%		

Note: The above data for FY 2025-26 relates to AHEL and AHLL

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

Particulars	Yes/No (If Yes, then give details of the mechanism in brief)
Permanent Workers	Following the guidelines in the policy on the employee grievance redressal system, employees may utilise these channels. There is an open-door policy for raising any issues with regional CEOs or CHRO, who can be contacted to file complaints about any infringements on human rights. Additionally, all of our hospitals have complaint boxes where patients can anonymously file complaints about any human rights issues
Other than Permanent Workers	
Permanent Employees	
Other than Permanent Employees	

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 respective category, who are part association(s) 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						
Male	21,497	1,517	7.06%	20,699	1,533	7.5%
Female	22,511	472	2.09%	21,798	468	2.14%
Total Permanent Workers						
Male	Not Applicable					
Female						

Note: The above data for 'No. of employees / workers respective category, who are part of association(s) (B)' Union in FY 2025-26 is related to AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards.

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	21,497	21,497	100%	21,497	100%	20,699	20,699	100%	20,699	100%
Female	22,511	22,511	100%	22,511	100%	21,798	21,798	100%	21,798	100%
Total	44,008	44,008	100%	44,008	100%	42,497	42,497	100%	42,497	100%
Workers										
Male	Not Applicable									
Female										
Total										

Note: FY 2025-26 data pertains to AHEL and AHLL. Data relating to the other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards.

9. Details of performance and career development reviews of employees and workers:

Category	FY 2025-26			FY 2024-25		
	Total (A)	No. (B)	% (B / A)	Total (C)	No. (D)	% (D/C)
Employees						
Male	21,497	21,497	100%	20,699	20,699	100%
Female	22,511	22,511	100%	21,798	21,798	100%
Total	44,008	44,008	100%	42,497	42,497	100%
Workers						
Male	Not Applicable					
Female						
Total						

Note: FY 2025-26 data pertains to AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards.

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 a system?

Apollo's Occupational Health and Safety (OHS) policy prioritises the health, safety, and well-being of all individuals within our facilities, including staff, patients, visitors, and contractors. We are committed to maintaining a safe and secure working environment through strict compliance with applicable safety regulations, proactive identification and mitigation of workplace hazards, and the implementation of effective risk management controls.

We support this commitment through comprehensive employee training, robust incident reporting and investigation processes, and well-defined emergency preparedness and response procedures. In addition, we place strong emphasis on both physical and mental well-being as integral components of workplace safety.

Safety expectations are communicated to all contractors and visitors to ensure consistent adherence to our standards. We also actively promote a culture of continuous improvement, regularly reviewing and enhancing our occupational health and safety practices to ensure ongoing effectiveness and alignment with best practice. The policy is available on our website, guides our commitment to the highest safety standards while delivering excellent healthcare: https://www.apollohospitals.com/apollo_pdf/Policy-on-Occupational-Health-and-Safety.pdf

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

Online incident reporting systems (AIRS), safety trainings, safety checks, facility audits, annual health checks for staff.

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

Any employee can use AIRS to anonymously report work-related hazards, and these incidents are addressed and resolved.

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

Yes

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	-	-
	Workers	Not Applicable	Not Applicable
Total recordable work-related injuries**	Employees	-	-
	Workers	Not Applicable	Not Applicable
No. of fatalities	Employees	-	-
	Workers	Not Applicable	Not Applicable
High consequence work-related injury or ill-health (excluding fatalities)	Employees	-	-
	Workers	Not Applicable	Not Applicable

**The Company tracks needle stick injuries, in FY 2025-26 there were 355 needle stick injuries.

Reporting under this indicator is for employees of the Company and its subsidiaries. Given the industry and operations of the Company, it tracks needle stick injuries and other injuries that do not result in days away from work.

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

Our hospitals use the Automated Incident Reporting System (AIRS) for online incident reporting, allowing staff to submit reports anonymously. The automated system enables quick and efficient incident resolution. Each incident receives a Severity Assessment Scoring (SAC) score, and high-severity incidents trigger a Root Cause Analysis to develop preventative measures for future occurrences.

During the year, emergency preparedness was strengthened through the release of a Blue Book for crisis war time readiness and the conduct of 387 scenario-based fire drills across units. An updated Fire Safety Manual was introduced and standardized SOP's for fire equipment maintenance were implemented. The organisation undertook structured risk monitoring, identifying 1,496 high-risk observations, of which 61% were closed through corrective actions. Additionally, security preparedness was reinforced through mystery audits and drills to enhance safety across the facilities.

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

	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
Working Conditions	-	-	-	-	-	-
Health & Safety	-	-	-	-	-	-

Note: During FY 2025-26, there were no reportable complaints received from employees, reflecting our ongoing commitment to fostering a positive and transparent workplace culture. This outcome underscores our effective employee engagement, grievance mechanisms, and adherence to fair labour practices, contributing to a supportive and inclusive work environment.

14. Assessments for the year:

Particulars	% of your plants and offices that were assessed (by entity or statutory authorities or third parties)
Health and safety practices	100%
Working Conditions	100%

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.

None.

LEADERSHIP INDICATORS

1. Does the entity extend any life insurance or any compensatory package in the event of death of (A) Employees (Y/N) (B) Workers (Y/N).

Yes, providing insurance and compensatory packages to employees or their beneficiaries in the event of death is a strong indicator of AHEL's commitment to social responsibility and employee welfare.

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

AHEL undertakes compliance reports along with evidentiary proof of transfer of statutory dues to third-party employees/ workers for all value chain partners. Deviations (if any) are reported monthly to the value chain partner, and a corrective action is taken on record. Punitive fines are also enforced in case of repeated non-compliance.

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

As part of our commitment to responsible social governance, we prioritise the development and implementation of transition assistance programmes aimed at supporting employees through career endings resulting from retirement or employment termination. During the course of employment, AHEL imparts repeated training and in multiple cases

skill enhancement training (like English language skills, computer skills, functional skills, professional skills upgradation (e.g. paramedical education) for deserving candidates. The Company also provides opportunities for learning abroad to deserving employees through our various partnerships. This ensures lifelong learning and future use of acquired skills beyond employment at AHEL. By ensuring a dignified and supported transition, we promote long-term workforce resilience and uphold our social responsibility to our employees.

PRINCIPLE 4: 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.

At AHEL, the identification and mapping of stakeholders is undertaken pursuant to a structured and duly established Stakeholder Engagement Framework. The said framework has been instituted to ensure a systematic mapping of the entire value chain, enabling the Company to identify, assess, and prioritise stakeholders on the basis of their material relevance to the Company's operations, long-term strategic objectives, and broader societal impact.

For the purposes of this framework, "Core Stakeholders" are defined as any individuals, groups, or institutions who either (i) contribute directly or indirectly to the Company's supply chain and value creation processes, or (ii) are significantly affected, whether positively or adversely, by the Company's decisions, policies, operations, or business activities. Such stakeholders are recognised as being integral to the Company's ability to fulfil its primary objective of delivering affordable, accessible, and high-quality healthcare services.

In view of the nature and scope of its operations, the Company identifies its principal categories of stakeholders to include, inter alia:

- Patients, who constitute the central focus of the Company's healthcare delivery model;
- Healthcare professionals and employees, who are essential to ensuring clinical excellence, operational effectiveness, and compassionate care delivery;
- Suppliers and service providers, who facilitate operational continuity, efficiency, and quality assurance across the value chain;
- Investors, who provide the necessary financial resources to support sustainable growth and long-term value creation;
- Regulatory authorities and statutory bodies, whose oversight functions ensure adherence to applicable laws, regulations, and standards of compliance and accountability; and
- Communities in which the Company operates, with whom the Company remains committed to engaging through inclusive, responsible, and socially conscious practices.

This stakeholder-centric approach is intended to ensure that the Company's strategic and operational priorities remain appropriately aligned with the legitimate expectations and interests of stakeholders who are most closely connected with, and impacted by, its business activities, thereby fostering trust, organisational resilience, and sustainable long-term value creation.

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

Stakeholder Group	Whether 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 including key topics and concerns raised during such engagement
Employees and Healthcare providers	No	• Intranet Portal • Functional and cross functional • Committees • Townhall Leader's Talk • LinkedIn • Regular Employee Communication Forums • Leadership connect through YouTube Streaming • Morning Huddle • Email Connect	On a regular basis	• Employee benefits • Reward and recognition • Learning and Development • Safety and well-being • Performance review and career development • Business update • Vision of the organisation • Discussion on Annual operating plan
Customers and patient	No	• Customer Satisfaction Survey • Customer meets Digital/ telephonic Interactions	On a regular basis	• Tele-consultation • Customer feedback
Suppliers and Vendors	No	• Annual meeting with key supplier • Face-to-face and electronic correspondence • Digital/ telephonic Interactions	Half yearly	• Resolving open issues • Assessing performance • Recognition and engagement activities • Undertaking discussion on Sustainability Parameters
Investors / Shareholders	No	• Email • Newspaper advertisement • Website • Annual General Meetings • Disclosures to stock exchanges and investor meetings / calls / conferences	Need based and Quarterly calls	To update them about important developments (Performance, strategy, growth and opportunities) in the Company and address their grievances
Community	Yes	• Physical meetings • Digital interactions	Concurrent /need basis	• Community development through various initiatives of CSR. • Community grievance redressal

Stakeholder Group	Whether 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 including key topics and concerns raised during such engagement
Regulatory and government bodies	No	• Physical meetings • Digital communications • Through submissions	On a need basis	• Policy Advocacy with concerned authorities • Deliberations and inputs on regulations and policies that have bearing on our operations and businesses For our core business activities of development, manufacturing and sales

PRINCIPLE 5 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 employees/ workers covered (B)	% (B/A)	Total (C)	No. of employees/ workers covered (D)	% (D/C)
Employees						
Permanent	44,008	44,008	100%	42,497	42,497	100%
Other than permanent	-	-	-	-	-	-
Total Employees	44,008	44,008	100%	42,497	42,497	100%
Workers						
Permanent	Not Applicable					
Other than permanent						
Total Workers						

Note: FY 2025-26 data pertains to AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards.

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	44,008	-	-	44,008	100%	42,497	-	-	42,497	100%
Male	21,497	-	-	21,497	100%	20,699	-	-	20,699	100%
Female	22,511	-	-	22,511	100%	21,798	-	-	21,798	100%

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)
Other than Permanent	-	-	-	-	-	-	-	-	-	-
Male	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-
Workers										
Permanent	Not Applicable									
Male										
Female										
Other than Permanent										
Male										
Female										

Note: FY 2025-26 data pertains to AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards.

3. Details of remuneration/salary/wages

a. Median remuneration/ wages

Category	Male		Female	
	Number	Median remuneration/ salary/ wages of respective category	Number	Median remuneration/ salary/ wages of respective category
Board of Directors (BoD)	4	5,850,000	6	35,786,219
Key Managerial Personnel	2	32,890,916	1	95,342,500
Employees other than BoD and KMP	11,204	460,398	12,530	365,304

Note: Apollo has considered AHEL's directors, KMPs, and employees for computation of Median remuneration.

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

Particulars	FY 2025-26	FY 2024-25
Gross wages paid to females as a % of total wages*	40.5%	41.41%

*Cost-to-Company (CTC) has been considered for calculation of Gross wages.

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, the Chief Human Resource Officer (CHRO) is the focal point responsible for addressing human rights impacts or issues.

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

We are deeply committed to upholding human rights. Implementing our human rights principles effectively across our organisation requires a strong governance framework. Our commitment starts with our CEO, who personally champions human rights, emphasising its importance to our organisational values and long-term sustainability. He sets the standard for ethical behaviour and compliance. Additionally, our senior leaders play a crucial role in overseeing human rights implementation. They provide strategic guidance and are consulted on human rights matters in situations where the impact

is substantial, critical business decisions are at stake, or significant financial investments are needed to address issues. Our Human Rights policy is hosted on the website, here: https://www.apollohospitals.com/sites/default/files/2025-02/human-rights-policy.pdf

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

Particulars	FY 2025-26			FY 2024-25		
	Filed	Pending	Remarks	Filed	Pending	Remarks
Sexual Harassment	39	2	-	31	4	-*
Discrimination at workplace	-	-	-	-	-	-
Child Labour	-	-	-	-	-	-
Forced labour/ Involuntary labour	-	-	-	-	-	-
Wages	-	-	-	-	-	-
Other human rights related issues	-	-	-	-	-	-

Note: The four complaints pending for the FY 2024-25 were disposed off during the quarter ended June 2025, and the two pending complaints pertaining to FY 2025-26 were disposed off during the quarter ended June 2026 and there were no complaints pending for the financial years

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

Particulars	FY 2025-26	FY 2024-25
Total Complaints reported under Sexual Harassment on of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (POSH)	39	31
Complaints on POSH as a % of female employees / workers	0.17%	0.14%
Complaints on POSH upheld	28	12

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

We have cultivated a culture that upholds dignity, respect, and equality—ensuring a workspace free from harassment, discrimination, and bias for all stakeholders, both internal and external.

To support this commitment, we have instituted an Internal Complaints Committee (ICC) dedicated to the impartial, confidential, and timely resolution of grievances related to workplace harassment or misconduct. This mechanism is aligned with our proactive approach to governance and accountability.

Furthermore, our comprehensive Code of Conduct, adherence to the Prevention of Sexual Harassment (POSH) Act, and regular staff sensitisation initiatives serve as strong preventive frameworks. Through continuous education and awareness programmes, we aim not only to mitigate risks but also to reinforce a culture of mutual respect and zero tolerance for misconduct.

Together, these initiatives reflect AHEL's dedication to upholding the highest standards of ethical conduct and social responsibility in every facet of our operations.

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

Yes. Our Supplier Code of Conduct explicitly outlines our commitment to upholding human rights. We require all suppliers to respect and protect requisite human rights standards, including but not limited to the rights related to fair labour practices, non-discrimination, freedom of association, safe working conditions, and the prohibition of forced or child labour. Compliance with these principles is a fundamental expectation for all business partners in our supply chain.

10. Assessment for the year

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

11. Provide details of any corrective actions taken or underway to address significant risks / concerns arising from the assessments at Question 10 above

None

LEADERSHIP INDICATORS

1. 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?

Furthering our commitment to fostering an inclusive, equitable, and non-discriminatory workplace, AHEL has implemented appropriate measures to ensure that its facilities and office environments are accessible to employees, workers, patients, and members of the public with varying physical abilities. The organisation acknowledges that accessibility is a fundamental element of diversity, equity, and inclusion and is essential to enabling equal participation. Accordingly, AHEL seeks to maintain an environment that minimises physical and operational barriers, thereby ensuring that all individuals are able to access the premises and carry out their activities effectively and with dignity, to the extent reasonably practicable.

PRINCIPLE 6 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	FY 2025-26	FY 2024-25
From renewable sources		
Total electricity consumption (A)	236,416.22 (GJ)	199,774.82 (GJ)
Total fuel consumption (B)	0.00	0.00
Energy consumption through other sources (C)	0.00	0.00
Total energy consumed from renewable sources (A+B+C)	**236,416.22 (GJ)**	**199,774.82 (GJ)**
From non-renewable sources		
Total electricity consumption (A)	555,960.58 (GJ)	568,010.75 (GJ)
Total fuel consumption (B)	153,519.20 (GJ)	155,685.03 (GJ)
Energy consumption through other sources (C)	0.00	0.00
Total energy consumed from non-renewable sources (A+B+C)	**709,479.79 (GJ)**	**723,695.78 (GJ)**
Energy intensity per rupee of turnover (Total energy consumed / Revenue from operations)	0.0000038 GJ/₹	0.0000042 GJ/₹

Parameter	FY 2025-26	FY 2024-25
Energy intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP) (Total energy consumed / Revenue from operations adjusted for PPP)	0.000075 GJ/₹ Adjusted for PPP	0.000096 GJ/₹ Adjusted for PPP
Energy intensity in terms of physical output	-	-

Note:

- The above data is only for AHEL and AHLL for FY 2025-26. Data relating to other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards.
- The variations in this disclosure compared to the previous year are attributable to changes in monitoring and data recording practices.
- Given the diversified nature of operations of the Company, environmental indicators intensity based on physical output is not reported.

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency. –

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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.

No, the PAT scheme does not apply to the Company

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

Parameter	FY 2025-26	FY 2024-25
Water withdrawal by source (in kilolitres)		
(i) Surface water (KL)	0.00	0.00
(ii) Groundwater (KL)	2,633,975.19	2,220,510.29
(iii) Third party water (KL)	1,702,616.97	1,686,227.07
(iv) Seawater / desalinated water (KL)	0.00	0.00
(v) Others (KL)	0.00	62,038.00
Total volume of water withdrawal (in kilolitres) (i + ii + iii + iv + v)	**4,336,592.161**	**3,968,775.36**
Total volume of water consumption (in kilolitres)	**2,829,631.02**	**2,230,426.24**
Water intensity per rupee of turnover (Total water consumption / Revenue from operations)	0.0000111 KL/₹	0.000010 KL/₹
Water intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP) (Total water consumption / Revenue from operations adjusted for PPP)	0.000224 KL/₹ adjusted for PPP	0.00023 KL/₹ adjusted for PPP
Water intensity in terms of physical output	-	-

Note:

- The above data is only for AHEL and AHLL for FY 2025-26. Data relating to other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards.
- The variations in this disclosure compared to the previous year are attributable to changes in monitoring and data recording practices.
- considering the increase in business, additional of hospitals and enhanced data recording this year compared to the previous year.
- Given diversified nature of operations of the Company, environmental indicators intensity based on physical output is not reported.

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency –

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4. Provide the following details related to water discharged:

Parameter	FY 2025-26	FY 2024-25
Water discharge by destination and level of treatment (in kilolitres)		
(i) To Surface water		
- No treatment	270.00	2,868.00
- With treatment (primary, secondary and tertiary)	118,546.47	231,212.86
(ii) To Groundwater		
- No treatment	27,254.10	33,337.00
- With treatment (primary, secondary and tertiary)	225,015.40	92,426.95
(iii) To Seawater		
- No treatment	0.00	0.00
- With treatment (primary, secondary and tertiary)	0.00	11,953.20
(iv) Sent to third-parties		
- No treatment	19,097.31	132,423.00
- With treatment (primary, secondary and tertiary)	1,167,988.27	1,290,093.11
Total water discharged in (kilolitres)	**1,558,171.55**	**1,794,314.12**

Note:

- The above data is only for AHEL and AHLL for FY 2025-26. Data relating to other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards.
- All the water discharged is treated through primary, secondary and tertiary levels to meet the norms specified
- The waste water generated and discharged from non-inpatient service facilities are classified under no treatment, in view of the nature of healthcare services rendered therein, which are provided exclusively to healthy and non-vulnerable individuals.
- The variations in this disclosure compared to the previous year are attributable to changes in monitoring and data recording practices.

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency. - TUV SUD South Asia Private Limited

5. Has the entity implemented a mechanism for Zero Liquid Discharge? If yes, provide details of its coverage and implementation.

Yes, the Company has wastewater treatment systems installed at all our hospitals with six locations having Zero Liquid Discharge.

6. Please provide details of air emissions (other than GHG emissions) by the entity, in the following format:

Parameter	Please specify unit	FY 2025-26	FY 2024-25
NOx	MT	26,765.77	179,086.15
SOx	MT	12,468.91	13,335.59
Particulate matter (PM)	MT	12,702.55	35,451.92

Note: The above data is only for AHEL and AHLL for FY 2025-26. Data relating to other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency. – No

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, CH_4, N_2O, HFCs, PFCs, SF_6, NF_3, if available)*	Metric tonnes of CO_2 equivalent	13,167.90	13,065.24
Total Scope 2 emissions (Break-up of the GHG into CO_2, CH_4, N_2O, HFCs, PFCs, SF_6, NF_3, if available)	Metric tonnes of CO_2 equivalent	109,647.78	112,024.34
Total Scope 1 and Scope 2 emission intensity per rupee of turnover (Total Scope 1 and Scope 2 GHG emissions / Revenue from operations)	tCO_2e/₹	0.00000048	0.00000057
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)	tCO_2e/₹ adjusted for PPP	0.000010	0.000013
Total Scope 1 and Scope 2 emission intensity in terms of physical output	-	-	-

Note:

- The above data is only for AHEL and AHLL for FY 2025-26. Data relating to other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards.
- The variations in this disclosure compared to the previous year are attributable to changes in monitoring and data recording practices.
- Given diversified nature of operations of the Company, environmental indicators intensity based on physical output is not reported.

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency. - TUV SUD South Asia Private Limited

8. Does the entity have any project related to reducing greenhouse gas emissions? If Yes, then provide details.

Yes, Apollo Hospitals initiated "Project Virya" in September 2021, with the ambitious goal of achieving 235 million kWh of energy savings and reducing 290,000 tons of CO2 emissions in a 10-year time frame. It is a unique profitable decarbonisation initiative boasting of a substantial reduction in our energy consumption profile over 1-2 years, with total savings of INR 105 Crore. In the reporting year, Apollo Vanagaram, Apollo Madurai and Apollo Teynampet saved 33.3%, 32.9% and 29% energy in terms of kWh compared to FY 2024-25. These feats have been achieved through the following interventions:

ECM Improvements:

- Continuous Improvements have been made by implementing effective ECMS like VFDs on AHUS, Installation of softener plant, Natural Cooling, Installation of pumps etc.
- Energy Conservation measures like Indirect Direct Evaporative Cooling, CT Retrofits, Installation of air curtains, and CSU coil replacement are in progress.

Water Quality Improvements:

- STP-treated water quality has improved at Apollo Vanagaram, Madurai, and Main Chennai, while further improvements are targeted at Apollo Delhi and Imperial Hospital - Bannerghatta Road, Bangalore.

Machine Learning Driven Optimisation:

- Chiller – Tonnage Injection
- Chilled Water pumps – Dynamic VFD Frequency modulation with reinforcement learning

- Cooling tower – Dynamic Fan motor speed optimisation with reinforcement learning
- AHU VFD Frequency modulation with Joule Recipes

DeJoule system:

- High side optimisation (Chiller, CHWP, CNP, CT, Heat Pump)
- Low side optimisation (VFDs, Two-way valve with actuators, Thermostat, Temperature sensors, PICV)

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

Parameter	FY 2025-26	FY 2024-25
Total Waste generated (in metric tonnes)		
Plastic waste **(A)**	-	-
E-waste **(B)**	23.06	88.54
Bio-medical waste **(C)**	4,076.98	3,815.65
Construction and demolition waste **(D)**	745.27	823.66
Battery waste **(E)**	30.95	17.75
Radioactive waste **(F)**	0.11	0.16
Other Hazardous waste. Please specify, if any. **(G)**	30.47	30.51
Other Non-hazardous waste generated **(H)**. Please specify, if any. (Break-up by composition i.e. by materials relevant to the sector)	9,646.66	10,247.91
Total (A + B + C + D + E + F + G + H)	**14,553.50**	**15,024.18**
Waste intensity per rupee of turnover (Total waste generated / Revenue from operations)	0.000000057 MT/₹	0.000000068 MT/₹
Waste intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP) (Total waste generated/ revenue from operations adjusted for PPP)	0.0000012 MT/₹ adjusted PPP	0.0000016 MT/₹ adjusted PPP
For each category of waste generated, total waste recovered through recycling, re-using or other recovery operations (in metric tonnes)		
Category of waste		
(i) Recycled	6,663.00	3,057.58
(ii) Re-used	421.12	322.00
(iii) Other recovery operations	0.00	239.18
Total	**7,084.13**	**3,618.76**
For each category of waste generated, total waste disposed by nature of disposal method (in metric tonnes)		
Category of waste		
(i) Incineration	6,192.83	6,378.02
(ii) Landfilling	1,276.54	1,867.25
(iii) Other disposal operations	0.00	3,160.15
Total	**7,469.37**	**11,405.42**

Note:

- The above data is only for AHEL and AHLL for FY 2025-26. Data relating to other group entities has been excluded. The same is expected to be reported from the forthcoming financial year onwards
- Variations in waste generated values from last year have resulted from changes in scope, monitoring/data recording practices
- Given the diversified nature of operations of the Company, environmental indicators intensity based of physical output is not reported.

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency. - TUV SUD South Asia 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.

We have continued our strategic collaboration with Lenovo to implement a comprehensive initiative focused on the recycling and responsible disposal of a diverse range of IT hardware. The initiative encompasses the end-to-end recycling of various electronic devices, including computers, computer accessories, switches, servers, telephones, and more. Additionally, our shift away from HDPE (High-Density Polyethene) to bags made from corn waste continues to flourish. These innovative bags are biodegradable and can convert into natural fertilisers, enriching the soil and promoting sustainability. We have also switched from plastic folders to jute bags. In FY 2024-25, we used 140,325 jute bags. In FY 2025-26, this number has now reached to 286,654 bags replaced with jute bags.

Our microwave disinfection at the Chennai Main Hospital, a state-of-the-art method for treating medical waste before its transfer to authorised vendors continues to show promise. This advanced technology has improved the hospital's waste management system by effectively sterilising and decontaminating medical waste prior to disposal.

To read about our initiatives in detail, please refer to the Environment chapter in our ESG Report FY 2025-26.

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) If no, the reasons thereof and corrective action taken, if any.
Not Applicable			

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

Name and brief details of project	EIA Notification No.	Date	Whether conducted by independent external agency (Yes / No)	Results communicated in public domain (Yes / No)	Relevant Web link
Not Applicable					

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). If not, provide details of all such non-compliances, in the following format:

S. No.	Specify the law / regulation / guidelines which was not complied with	Provide details of the non-compliance	Any fines / penalties / action taken by regulatory agencies such as pollution control boards or by courts	Corrective action taken, if any
Not Applicable				

LEADERSHIP INDICATORS

1. 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	$MtCO_2e$	57,549.43	31,872.23*
Total Scope 3 emissions per rupee of turnover	$MtCO_2e$/ million₹	0.226	0.145

- *Categories included: Fuel and Energy Related Activities, Waste Generated in Operations, Business Travel; for details refer to our FY 2024-25 ESG Report
- **Categories included: Fuel and Energy Related Activities, Waste Generated in Operations, Business Travel
- This years reposted figures benefit from enhanced data collection and tracking methodologies, enabling more comprehensive and accurate emissions calculations.

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency and tracking methodologies, enabling more comprehensive and causate emissions calculations.

No

2. 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:

Sr. No	Initiative undertaken	Details of the initiative (Web-link, if any, may be provided along-with summary)	Outcome of the initiative
1.	Project Virya	Launched in partnership with Smart Joules, Project Virya aims to save 235 million kWh of energy and reduce 290,000 tons of CO2 emissions in a 10-year time frame.	- 1,100,000 tCO2 e emissions avoided - 1,450,000 L of diesel saved - 2,780,000 Kwh saved
2	Water Efficiency	Several initiatives have been undertaken at different hospital locations to ensure water is utilised efficiently	- Wastewater treatment plant, ensures clean and sustainable water management - Sourcing of water from private tankers, borewells, and government resources, while actively recharging rainwater through rainwater harvesting facilities Implementation of a year-round rainwater harvesting (RWH) system across all our hospitals
3	E-waste management initiative with Lenovo	The agreement aims to implement a comprehensive initiative focused on the recycling and responsible disposal of a diverse range of IT hardware.	Successfully recycled 3 MT of electronic waste
4	Addressing the environmental impact of HDPE bags	To combat the issue with HDPE bags, Apollo has shifted to using bags made from corn waste	Successful replacement of 286,654 HDPE bags with over Jute bags
5	Air Pollutants Management	Various measures have been undertaken to safeguard public health, mitigate environmental impacts, and ensure compliance with regulatory standards.	- Phase out the use of ODS substances in HVAC systems - Compliance with Bharat IV and VI emission norms

3. Does the entity have a business continuity and disaster management plan? Give details in 100 words/ web link.

We prioritise disaster management to safeguard lives and minimise the impact of unforeseen events across our healthcare network. Our approach includes establishing a 'National Network of Emergency Services' to deliver consistent, high-quality emergency care nationwide. With 24-hour emergency and trauma care capabilities, our hospitals are equipped to respond effectively to a wide range of disaster situations.

We conduct annual, site-specific risk assessments across all healthcare facilities to identify and address both natural and man-made hazards, including earthquakes, floods, fires, climate hazards, and chemical spills. Based on these

assessments, we continuously strengthen and update our disaster preparedness and response plans to ensure operational readiness.

Our hospitals maintain comprehensive emergency response protocols covering evacuation procedures, communication systems, medical triage, and coordination with external emergency agencies. These protocols are regularly reviewed, tested, and refined to enhance effectiveness and resilience.

In addition, we place strong emphasis on training and capacity building by conducting regular staff training programmes, workshops, and simulation exercises to improve preparedness, response capabilities, and overall emergency management effectiveness.

4. How many Green Credits have been generated or procured:

i. By the listed entity – None

ii. By the top ten (in terms of value of purchases and sales, respectively) value chain partners – None

PRINCIPLE 7 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.

AHEL is affiliated with 8 industry chambers and associations.

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	The Federation of Indian Chambers of Commerce & Industry	National
2	NATHEALTH - Healthcare Federation of India	National
3	Confederation of Indian Industry	National
4	ASSOCHAM (Associated Chambers of Commerce and Industry of India)	National
5	AIMA (All India Management Association)	National
6	PHDCCI (PHD Chamber of Commerce and Industry)	National
7	PAFI (The Public Affairs Forum of India)	National
8	NASSCOM (The National Association of Software and Service Companies)	National

2. Provide details of corrective action taken or underway on any issues related to anticompetitive conduct by the entity, based on adverse orders from regulatory authorities.

Name of authority	Brief of the case	Corrective action taken
	Not Applicable	

LEADERSHIP INDICATORS

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

S. No.	Public policy advocated	Method resorted for such advocacy	Whether information available in the public domain? (Yes/No)	Frequency of Review by Board (Annually/Half yearly/Quarterly /Others – please specify)	Web Link, if available
1.	Increased spending on Health Services as a percent of GDP by the Government of India in Union Budget	Public and direct representation	Yes	Others: Periodic on needs basis	https://www.moneycontrol.com/news/business/budget/budget-2024-healthcare-sector-urges-government-to-boost-public-health-spending-12766492.html
2	GST Rationalisation & Review for Healthcare Services	Public and direct representation	Yes	Others: Periodic on needs basis	https://www.cnbctv18.com/business/gst-rate-cuts-health-life-insurance-affordable-apollo-hospitals-suneeta-reddy-19664637.html
3	Enhancing Medical Value Travel (MVT) through a concerted policy formulation by the Government of India to help unlock India's MVT potential	Public and direct representation	Yes	Others: Periodic on needs basis	https://www.newindianexpress.com/states/andhra-pradesh/2026/Feb/02/union-budget-2026-pushes-for-regional-healthcare-hubs

PRINCIPLE 8 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.

Name and brief details of project	SIA Notification No.	Date of notification	Whether conducted by independent external agency (Yes /No)	Results communicated in public domain (Yes / No)	Relevant Web link
Not Applicable					

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

S. No.	Name of Project for which R&R is ongoing	State	District	No. of Project Affected Families (PAFs)	% of PAFs covered by R&R	Amounts paid to PAFs in the FY (In INR)
Not Applicable						

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

At Apollo, we are committed to maintaining transparent, responsive, and accountable operations across all our healthcare facilities. In furtherance of this commitment, the Company has established accessible and effective mechanisms through which patients, caregivers, employees, clinicians, vendors, and other stakeholders may raise concerns, grievances, or complaints relating to any aspect of our operations.

The Company provides multiple channels for the receipt and resolution of complaints across its hospital network. Each hospital maintains designated points of contact, including publicly available directories, dedicated email addresses, and complaint helpline numbers, to facilitate the efficient reporting and handling of both clinical and non-clinical matters.

Complaints concerning clinical care, patient safety, or medical governance are reviewed and managed by the respective hospital's clinical leadership team in accordance with applicable medical protocols, ethical standards, and internal governance procedures. Non-clinical complaints, including those relating to infrastructure, administration, billing, or support services, are addressed by the relevant hospital Chief Executive Officer or Unit Head to ensure timely and appropriate resolution.

In addition, the Company's corporate website provides publicly accessible contact details enabling patients, families, healthcare professionals, and community stakeholders to escalate concerns, where necessary, to Apollo Hospitals Enterprise Limited's central oversight and management teams for further review.

Apollo recognises stakeholder feedback and grievance redressal as integral to strengthening service quality, operational accountability, patient trust, and institutional resilience. The Company remains committed to addressing complaints in a fair, transparent, timely, and constructive manner, consistent with applicable laws, regulatory requirements, and principles of good corporate governance.

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

Particulars	FY 2025-26	FY 2024-25
Directly sourced from MSME/ small producers	8%	10.77%
Directly from within India	100%	100%

Note: The data has been computed in line with Input Materials, capex procurement, services, and operating expenses are considered as total purchases for the purposes of reporting.

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	4.60%	8.10%
Semi-urban	9.84%	10.48%
Urban	11.16%	11.21%
Metropolitan	74.40%	70.20%

(Place to be categorised as per RBI Classification System - rural/ semi-urban/ Urban/ metropolitan)

Note: Cost-to-Company (CTC) salary has been considered for calculation of total wages. Only permanent employees have been considered for reporting under this indicator.

LEADERSHIP INDICATORS

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

S. No.	State	Aspirational District	Amount spent (In ₹)
1.	East Khasi Hills Meghalaya	Yes	17,200,000
2.	Sikaribari, Tripura	Yes	12,000,000

2. Details of beneficiaries of CSR Projects:

S. No.	CSR Project	No of persons benefitted from CSR projects	% Beneficiaries from vulnerable and marginal groups
1.	Total Health	518,162	63%
2.	Billion Hearts Beating	456,384	-

*Since 2010, the Billion Hearts Beating Foundation has served over 11.7 lakh beneficiaries across 15 states through free clinics, senior care support, and health awareness programmes for India's underserved communities. The foundation serves various stakeholders such as the elderly, BLS trainers, employees and senior officials from the government, Doctors and HCPs, NCC cadets, and school staff.

PRINCIPLE 9 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.

At the core of our operations is an unwavering commitment to our patients and their well-being. Clinical excellence is not just a standard we uphold—it is the foundation of the trust our patients place in us. We believe that consistently delivering high-quality care must go hand in hand with upholding the ethical values that guide our organisation. These principles are central to our long-term sustainability and social responsibility.

As part of our Social strategy, we have developed a robust Voice of the Customer programme to ensure that patient feedback is systematically captured, analysed, and acted upon. This internally designed framework integrates multiple listening and learning touchpoints across the patient journey, allowing us to gather both qualitative and quantitative insights.

This mechanism enables us to identify needs, measure satisfaction, and proactively design services and innovations that enhance patient safety, experience, and outcomes. By embedding patient perspectives into our decision-making processes, we not only drive continuous improvement but also reinforce our role as a responsible, patient-focused healthcare provider.

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

Particulars	As a percentage of total turnover
Environmental and social parameters relevant to the product	100%*
Safe and responsible usage	-
Recycling and /or safe disposal	-

*Note: All hospitals, as per regulations, on a mandatory basis display the number of beds available, cost of heart stents and other mandatory items. Regulation link:

https://www.nppaindia.nic.in/wpcontent/uploads/2022/03/1502E_Stent_Eng.Pdf

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

Particulars	FY 2025-26			FY 2024-25		
	Received during the year	Pending resolution at the end of the year	Remarks	Received during the year	Pending resolution at the end of the year	Remarks
Data privacy	-	-	-	-	-	-
Advertising	-	-	-	-	-	-
Cyber-security	-	-	-	-	-	-
Delivery of essential services	-	-	-	-	-	-
Restrictive trade practices	-	-	-	-	-	-
Unfair trade practices	-	-	-	-	-	-
Other	-	-	-	-	-	-

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

Particulars	Number	Reasons for recall
Voluntary recalls	Not Applicable	
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, our goal is to constantly enhance our cybersecurity procedures and IT infrastructure to counter new threats and safeguard confidential data. We have since formulated an IT and cybersecurity policy that is available to all our employees and have obtained an ISO 27001 certification for information security. Policy link: https://www.apollohospitals.com/corporate/corporate-policies/

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.**

We maintain a comprehensive internal control system specifically designed to oversee our advertising practices and the delivery of our services. This system is subject to regular reviews at predetermined intervals to ensure its continued effectiveness and alignment with our organisational objectives. We are conducting a thorough internal evaluation aimed at identifying any critical issues related to our advertising standards, the delivery of essential services, as well as the cybersecurity and data privacy measures that affect our customers. This evaluation is guided by our unwavering commitment to transparency, accountability, and continuous improvement in all aspects of our operations.

The corrective actions that may arise from this evaluation represent a crucial component of our broader business strategy. These actions reinforce our commitment to fostering trust with our customers and partners, ensuring compliance with all relevant regulations, and delivering sustained value to all stakeholders. During the year under review, there were no such issues that called for action.

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

No. of breaches	% of personal information breaches	Impacts
-	-	-

LEADERSHIP INDICATORS

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

   AHEL provides a range of services to patients for a variety of diseases and ailments. A comprehensive overview of these services can be found on their official patient care web page at: https://www.apollohospitals.com/patient-care/

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

   AHEL has mechanisms in place to inform consumers of any risk of disruption or discontinuation of essential services through its 24/7 emergency helplines, central and hospital-level contact numbers, appointment and hospital-access channels, callback support, patient instruction communications, and service-specific advisories. These mechanisms enable patients to receive timely information, seek clarification on service availability, and be guided to appropriate alternative facilities or care pathways when required.

Assurance statement on third-party verification of sustainability information

Unique identification no.: **3153106327**

TÜV SÜD South Asia Pvt Ltd. (hereinafter TÜV SÜD) has been engaged by **Apollo Hospitals Enterprise Limited, Corporate Office, Sunny Side Building, 3rd Floor, East Block, No. 8/17 Shafee Mohammed Road, Road, Chennai 600006** (hereinafter "Company") for the period from 1 April 2025 to 31 March 2026.

The verification was carried out according to the steps and methods described below.

Scope of the verification

The third-party verification was conducted to obtain independent assurance about whether the Sustainability information is prepared in reference to BRSR standard/framework (hereinafter referred as "Reporting Criteria").

Reporting standard/framework

The disclosures have been prepared by **Apollo Hospitals Enterprise Limited,** in reference to:

BRSR Core – Framework for assurance and ESG disclosures for value chain as per SEBI (Securities and Exchange Board of India) Circular No. SEBI/HO/CFD/CFD-SEC-2/P/CIR/2023/122 dated July12, 2023.

The following sustainability indicators' reporting are included in the scope of the assurance engagement during the reporting period Financial Year 2025-2026 as listed below

Reasonable level of assurance of 'BRSR 9 Core Attributes'

Other than as described in the preceding paragraph, which sets out the scope of our engagement, we did not perform assurance procedures on the remaining information included in the BRSR reporting, and accordingly, we do not express a conclusion on this information.

It was not part of our engagement to review product- or service-related information, references to external information sources, expert opinions and future-related statements in the Report.

Responsibility of the Company

The legal representatives of the Company are responsible for the preparation of the BRSR report in accordance with the Reporting Criteria. This responsibility includes in particular the selection and use of appropriate methods for measurement, calculation, collection and compilation of information and the making of appropriate assumptions or, where appropriate, the making of appropriate estimates. Furthermore, the legal representatives are responsible for necessary internal controls to enable the preparation of a BRSR report that is free of material - intentional or unintentional - erroneous information.

Verification methodology and procedures performed

The verification engagement has been planned and performed in accordance with the verification methodology developed by the TÜV SÜD Group which is based on ISAE 3000 assurance engagement standard and ISO 17029.

Level of Assurance

Reasonable Level of assurance for the 9 core attributes of BRSR (Ref: Annexure I of SEBI circular)

The verification was based on a systematic and evidence-based assurance process limited as stated above. The selection of assurance procedures is subject to the auditor's own judgment.

- Inquiries of personnel who are responsible for the stakeholder engagement and materiality analysis to understand the reporting boundaries
- Evaluation of the design and implementation of the systems and processes for compiling, analysing, and aggregating sustainability information as well as for internal controls

- Inquiries of company's representatives responsible for collecting, preparing and consolidating sustainability information and performing internal controls
- Analytical procedures and inspection of sustainability information as reported at group level by all locations
- Assessment of local data collection and management procedures and control mechanisms through a sample survey at selected multiple sites as below, and offsite review:

Sl. No.	Company Name	Site Address
1	Apollo Hospitals Enterprise Limited	Apollo Main Hospital - Greams Road Main Hospital - Chennai – 600006
2		Apollo Cancer Centre - Teynampet – Nandanam Chennai – 600018
3		Apollo Proton Therapy Cancer Center, Dr VSI Estate, Tharamani, Chennai – 600041
4		Apollo Health City - Jubilee Hills, Hyderabad - 500033
5		Apollo Hospital – Navi Mumbai - 400614
6		Indraprastha Apollo Hospitals – New Delhi - 110002

Conclusion

Reasonable level of Assurance- BRSR 9 Core Attributes

On the basis of the assessment procedures carried out & evidence we have collected during 11 February 2026 to 15 May 2026, the identified sustainability indicators of 9 Core Attributes (Listed in Annexure I of this statement) of BRSR for FY 2025-26 are prepared in all material respect in accordance with the reporting requirements outlined in BRSR Core.

Limitations

The assurance process was subject to the following limitations:

- The subject matter information covered by the engagement are described in the "scope of the engagement". Assurance of further information included in the BRSR reporting was not performed. Accordingly, TÜV SÜD do not express a conclusion on this information.
- The assurance scope excluded forward-looking statements, product- or service-related information, external information sources and expert opinions.

Use of this Statement

The Company must reproduce the TÜV SÜD statement and possible attachments like Assurance report in full and without omissions, changes, or additions.

This statement is by the scope of the engagement solely intended to inform the Company as to the results of the mandated assessment. TÜV SÜD has not considered the interest of any other party in the selected sustainability information, this assurance report or the conclusions TÜV SÜD has reached. Therefore, nothing in the engagement or this statement provides third parties with any rights or claims whatsoever.

Independence and competence of the verifier

TÜV SÜD South Asia Pvt Ltd. is an independent certification and testing organization and member of the international TÜV SÜD Group, with accreditations also in the areas of social responsibility and environmental protection. The assurance team was assembled based on the knowledge, experience and qualification of the auditors. TÜV SÜD South Asia Pvt Ltd. hereby declares that there is no conflict of interest with the Company.

Kolkata, 20 May 2026

Mr Prosenjit Mitra
General Manager- Verification, Validation and Audit
Management System Assurance

Ms Brototi Das
Verification Team Leader, TÜV SÜD
Management System Assurance

Annexure I

S.No.	Attribute	Parameter	Cross reference to BRSR (P-Principles/ E- Essential Indicator)
1.	Green-house gas (GHG) footprint Greenhouse gas emissions may be measured in accordance with the Greenhouse Gas Protocol: A Corporate Accounting and Reporting Standard whether required, in case require, pl provide Footnote	Total Scope 1 emissions (Break-up of the GHG into CO2, CH4, N2O, HFCs, PFCs, SF6, NF3, if available) Total Scope 2 emissions (Break-up of the GHG (CO2e) into CO2, CH4, N2O, HFCs, PFCs, SF6, NF3, if available) GHG Emission Intensity (Scope 1 +2)	P6-E7
2.	Water footprint	Total water consumption Water consumption intensity Water Discharge by destination and levels of Treatment	P6-E3 P6-E4
3.	Energy footprint	Total energy consumed % of energy consumed from renewable sources Energy intensity	P6-E1
4.	Embracing circularity - details related to waste management by the entity	Plastic waste (A) E-waste (B) Bio-medical waste (C) Construction and demolition waste (D) Battery waste after [E] Radioactive Waste [F] Other Hazardous waste. Please specify, if any. (G) Other non-hazardous waste generated (H). Please specify, if any. (Break-up by composition i.e., by materials relevant to the sector) Total waste generated (A+B + C + D + E + F + G + H) Waste intensity Each category of waste generated, total waste recovered through recycling, re-using or other recovery operations For each category of waste generated, total waste disposed of by nature of disposal method	P6-E9
5.	Enhancing Employee Wellbeing and Safety	Spending on measures towards well-being of employees and workers – cost incurred as a % of total revenue of the company	P3-E1 P3-E11

		Details of safety-related incidents for employees and workers (including contract-workforce e.g. workers in the company's construction sites)	
6.	Enabling Gender Diversity in Business	Gross wages paid to females as % of wages paid Complaints on POSH	P5-E3 P5-E7
7.	Enabling Inclusive Development	Input material sourced from following sources as % of total purchases – Directly sourced from MSMEs/ small producers and from within India Job creation in smaller towns – Wages paid to persons employed in smaller towns (permanent or nonpermanent /on contract) as % of total wage cost	P8-E4 P8-E5
8.	Fairness in Engaging with Customers and Suppliers	Instances involving loss / breach of data of customers as a percentage of total data breaches or cyber security events Number of days of accounts payable	P9-E7 P1-E8
9.	Open-ness of business	Concentration of purchases & sales done with trading houses, dealers, and related parties Loans and advances & investments with related parties	P1-E9