

COMMON BID  
REVISION FORMAATMAJ HEALTHCARE LIMITED - INITIAL PUBLIC ISSUE - R  
Address : GUJARAT Contact Details : 91 9714059465 CIN No.: U85100GJ2014PLC079062FOR RESIDENT INDIAN, QIB, ELIGIBLE NRI's  
APPLYING ON A NON REPATRIATION BASISTo,  
THE BOARD OF DIRECTORS  
AATMAJ HEALTHCARE LIMITED

FIXED PRICE SME ISSUE

ISIN : INE00B201016

Bid cum  
Application  
Form No.

|                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| SYNDICATE MEMBER'S STAMP & CODE       | BROKER/SCSB/DP/RTA STAMP & CODE      | 1. NAME & CONTACT DETAILS OF SOLE/FIRST BIDDER<br>Mr. / Ms. _____<br>Address : _____<br>Email : _____<br>Tel. No (with STD code) / Mobile : _____ |
| SUB-BROKER'S/SUB-AGENT'S STAMP & CODE | ESCROW BANK/SCSB BRANCH STAMP & CODE |   |
| BANK BRANCH SERIAL NO.                | SCSE SERIAL NO.                      |   |

|  |  |  |          |           |  |
|--|--|--|----------|-----------|--|
| 3. BIDDER'S DEPOSITORY ACCOUNT DETAILS   |  | <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL                              |          |           |  |
| For NSDL enter & digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit client ID |  |  |          |           |  |
| 4. BID OPTIONS (ONLY RETAIL INDIVIDUAL BIDDERS CAN BID AT "CUT-OFF")                           |  | Price Band: 100-100  |          |           |  |
| Bid Options  | No. of Equity Shares Bid (In Figure)<br>(Bids must be in multiples of Bid Lot as advertised) | Price per Equity share (RS) "Cut-off"<br>(Price in multiples of ₹ 1/- only) (In Figures) |          |           | 5. Category                                |
|  |  | Bid Price  | Discount | Net Price |  |
|  | 8   7   6   5   4   3   2   1  |  |          |           | <input type="checkbox"/> Retail Individual |
| Option   |  |  |          |           | <input type="checkbox"/> Non-Institutional |
| (OR) Option 2  |  |  |          |           | <input type="checkbox"/> QIB               |
| (OR) Option 3  |  |  |          |           |  |

|  |   |
|--|---|
| 6. Investor Status   |   |
| <input type="checkbox"/>   | Individual(s) - IND   |
| <input type="checkbox"/>   | Hindu Undivided Family* - HUF                                   |
| <input type="checkbox"/>   | Bodies Corporate - CO   |
| <input type="checkbox"/>   | Banks & Financial Institutions - FI                             |
| <input type="checkbox"/>   | Mutual Funds - MF   |
| <input checked="" type="checkbox"/>  | Eligible Non-Resident Indians - NRI<br>(Non-Repatriation basis) |
| <input type="checkbox"/>   | National Investment Fund - NIF                                  |
| <input type="checkbox"/>   | Insurance Companies - IC  |
| <input type="checkbox"/>   | Venture Capital Funds - VC                                      |
| <input type="checkbox"/>   | Insurance Funds - IF  |
| <input type="checkbox"/>   | Alternative Investment Funds - AIF                              |
| <input type="checkbox"/>   | Others (Please specify) - OTH                                   |
| <input type="checkbox"/>   | NOI-Entities other than QIB/CO/IND                              |
| * HUF should apply only through Karta (Application by HUF would be treated on par with Individual) |   |

|                                   |  |  |
|-----------------------------------|--|--|
| 7. PAYMENT DETAILS                |  | PAYMENT OPTION : FULL PAYMENT <input type="checkbox"/> PART PAYMENT <input type="checkbox"/> |
| Amount Blocked (₹ in figures)     |  | (₹ in words)   |
| ASBA Bank A/c No.                 |  |  |
| Bank Name & Branch                |  |  |
| or UPI ID (Maximum 45 characters) |  |  |

I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS BID CUM APPLICATION FORM, THE ATTACHED ABRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT FOR INVESTING IN PUBLIC OFFERS ("GID") AND HEREBY AGREE AND CONFIRM THE 'BIDDER'S UNDERTAKING' AS GIVEN OVERLEAF.

I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THE COMMON BID CUM APPLICATION FORM GIVEN OVERLEAF.

|                                      |   |   |
|--------------------------------------|---|---|
| 8A. SIGNATURE OF SOLE / FIRST BIDDER | 8B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S)<br>(AS PER BANK RECORDS)                         | BROKER/SCSB/DP/RTA<br>STAMP(Acknowledging upload of Bid in Stock Exchange system) |
|                                      | I/We authorise the SCSB to do all acts as are necessary to make the application in the Offer. |   |
|                                      | 1) _____  |   |
|                                      | 2) _____  |   |
|                                      | 3) _____  |   |
| Date : _____                         |   |   |

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| AATMAJ HEALTHCARE LIMITED |  | Acknowledgement Slip<br>for Broker/SCSB/<br>DP/RTA | Bid cum<br>Application<br>Form No. |
| INITIAL PUBLIC ISSUE - R  |  |  |                                    |
| DPID / CLID               |  | PAN of Sole / First Bidder                         |                                    |

|                               |                            |                                  |
|-------------------------------|----------------------------|----------------------------------|
| Amount Blocked (₹ in figures) | ASAP Bank A/c No. / UPI Id | Stamp & Signature of SCSB Branch |
| Bank Name & Branch            |                            |                                  |
| Received from Mr. / Ms.       |                            |                                  |
| Telephone / Mobile            | Email                      |                                  |

|                           |                               |          |          |   |                                    |
|---------------------------|-------------------------------|----------|----------|---|------------------------------------|
| TEAR HERE                 |                               |          |          |   |                                    |
| AATMAJ HEALTHCARE LIMITED | Option 1                      | Option 2 | Option 3 | Stamp & Signature of Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA | Name of Sole / First Bidder        |
|                           | No. of Equity Shares          |          |          |   |                                    |
|                           | Bid Price                     |          |          |   |                                    |
|                           | Amount Blocked (₹ in figures) |          |          |   |                                    |
|                           | ASBA Bank A/c No./UPI ID      |          |          |   |                                    |
| Bank Name & Branch        |                               |          |          | Acknowledgement Slip for Bidder   | Bid cum<br>Application<br>Form No. |