


TEAR HERE

PLEASE FILL IN BLOCK LETTERS

**COMMON BID CUM APPLICATION FORM**

**YATHARTH HOSPITAL & TRAUMA CARE SERVICES LIMITED - INITIAL PUBLIC OFFER - NR**  
Registered Office: JA 108, DLF Tower A, Jasola District Centre, South Delhi, Delhi - 110 025, India; Tel: +91 11 4996 7892  
Corporate Office: HO-01, Sector-1, Greater Noida West, Uttar Pradesh 201 306, India; Tel: +91 120 681 1236; Contact Person: Ritesh Mishra, Company Secretary and Compliance Officer; E-mail: cs@yatharthhospitals.com; Website: www.yatharthhospitals.com  
Corporate Identity Number: U85110DL2008PLC174706

FOR NON-RESIDENTS, INCLUDING ELIGIBLE NRIs, FPIs, FVCIs AND REGISTERED MULTI LATERAL AND BILATERAL DEVELOPMENT FINANCIAL INSTITUTIONS ETC. APPLYING ON A REPATRIATION BASIS



To,  
The Board of Directors  
YATHARTH HOSPITAL & TRAUMA CARE SERVICES LIMITED

**100% BOOK BUILT OFFER**  
ISIN: INE0JO301016  
LEI: 33580001RTF5PUR2BH37

**Bid cum Application Form No.**

MEMBERS OF THE SYNDICATE STAMP & CODE	SUB-SYNDICATE MEMBER/ REGISTERED BROKER SCSB/CDP/RTA STAMP & CODE	<b>1. NAME &amp; CONTACT DETAILS OF SOLE / FIRST BIDDER</b>  Mr./Ms./M/s. _____  Address _____  Email _____  Tel. No. (with STD code) / Mobile _____
SUB-BROKER'S / SUB-AGENT'S STAMP & CODE	SCSB BRANCH STAMP & CODE	
BANK BRANCH SERIAL NO.	SCSB SERIAL NO.	
<b>2. PAN OF SOLE / FIRST BIDDER</b>		

**3. BIDDER'S DEPOSITORY ACCOUNT DETAILS** ☐ NSDL ☐ CDSL

For NSDL enter 8 digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit Client ID

Bid Options	No. of Equity Shares Bid (In Figures) (Bids must be in multiples of Bid Lot as advertised)	Price per Equity Share (₹) / "Cut-off" (Price in multiples of ₹ 1 only) (In Figures only)												"Cut-off" (Please tick)			
		Bid Price			Retail Discount			Net Price									
		8	7	6	5	4	3	2	1	3		2	1		3	2	1
Option 1																	
(OR) Option 2																	
(OR) Option 3																	

**5. CATEGORY**  
☐ Retail Individual Bidder  
☐ Non-Institutional Bidder  
☐ QIB

**6. INVESTOR STATUS**  
☐ Non-Resident Indian(s) (Repatriation basis) - NRI  
☐ FPI  
☐ All entities other than QIB's, Bodies Corporate and Individuals - NOH  
☐ Other QIBs - OTH

**7. PAYMENT DETAILS [IN CAPITAL LETTERS]**


Amount blocked (₹ in figures) \_\_\_\_\_ (₹ in words) \_\_\_\_\_

ASBA Bank A/c No. \_\_\_\_\_  
Bank Name & Branch \_\_\_\_\_  
OR  
UPI ID (Maximum 45 characters) \_\_\_\_\_

☒ PAYMENT OPTION: FULL PAYMENT

I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS COMMON 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 THIS COMMON BID CUM APPLICATION FORM GIVEN OVERLEAF.

<b>8A. SIGNATURE OF SOLE / FIRST BIDDER</b>    Date : _____, 2023	<b>8B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS)</b> I/We authorise the SCSB to do all acts as are necessary to make the application in the Offer. 1) _____ 2) _____ 3) _____		<b>8C. MEMBERS OF THE SYNDICATE / SUB-SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA / AGENTS STAMP (Acknowledging upload of Bid in Stock Exchange system)</b>



**YATHARTH HOSPITAL & TRAUMA CARE SERVICES LIMITED**  
**INITIAL PUBLIC OFFER - NR**

Acknowledgement Slip for  
Members of the Syndicate / Sub-Syndicate  
Member / Registered Broker /  
SCSB / CDP / RTA / Agents

**Bid cum Application Form No.**

**PAN of Sole / First Bidder**

DPID / CL. ID \_\_\_\_\_


Amount blocked (₹ in figures) \_\_\_\_\_ ASBA Bank A/c No./UPI ID \_\_\_\_\_

Bank Name & Branch \_\_\_\_\_

Received from Mr./Ms./M/s. \_\_\_\_\_

Telephone / Mobile \_\_\_\_\_ Email \_\_\_\_\_

Stamp and Signature of SCSB Branch / Members of the Syndicate / Sub-Syndicate Member / Registered Broker / CDP / RTA / Agent



**YATHARTH HOSPITAL & TRAUMA CARE SERVICES LIMITED - INITIAL PUBLIC OFFER - NR**

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

Important Note : Application made using third party UPI ID or ASBA Bank A/c are liable to be rejected.

**YATHARTH HOSPITAL & TRAUMA CARE SERVICES LIMITED**