

**COMMON BID  
REVISION 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: 335800O1RTF5PUR2BH37

**Bid cum  
Application  
Form No.**

|                                                                                                                                                                                                             |                                                                      |                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MEMBERS OF THE SYNDICATE STAMP & CODE                                                                                                                                                                       | SUB-SYNDICATE MEMBER/ REGISTERED BROKER<br>SCSB/CDP/RTA STAMP & CODE | <b>1. NAME &amp; CONTACT DETAILS OF SOLE / FIRST BIDDER</b><br>Mr. /Ms./M/s. _____<br>Address _____<br>_____<br>Email _____<br>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>3. BIDDER'S DEPOSITORY ACCOUNT DETAILS</b> <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL<br>For NSDL enter 8 digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit Client ID |                                                                      |                                                                                                                                                                        |

**PLEASE CHANGE MY BID**

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

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

|                                                                   |  |  |  |  |  |  |  |  |  |                                                                          |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| <b>6. PAYMENT DETAILS [IN CAPITAL LETTERS]</b>                    |  |  |  |  |  |  |  |  |  | <b>PAYMENT OPTION : FULL PAYMENT <input checked="" type="checkbox"/></b> |  |  |  |  |  |  |  |  |  |
| Additional Amount Blocked (₹ in figures) _____ (₹ in words) _____ |  |  |  |  |  |  |  |  |  |                                                                          |  |  |  |  |  |  |  |  |  |
| ASBA Bank A/c No. _____                                           |  |  |  |  |  |  |  |  |  |                                                                          |  |  |  |  |  |  |  |  |  |
| Bank Name & Branch _____                                          |  |  |  |  |  |  |  |  |  |                                                                          |  |  |  |  |  |  |  |  |  |
| 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 REVISION 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 ALONG WITH THE COMMON BID CUM APPLICATION FORM. I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THIS BID REVISION FORM GIVEN OVERLEAF.

|                                                                      |                                                                                                                                                                                                                   |                                                                                                                                                                                    |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>7A. SIGNATURE OF SOLE/ FIRST BIDDER</b><br><br>Date : _____, 2023 | <b>7B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(s)</b><br>(AS PER BANK RECORDS)<br>I/We authorise the SCSB to do all acts as are necessary to make the application in the Offer.<br>1) _____<br>2) _____<br>3) _____ | <b>7C. MEMBERS OF THE SYNDICATE / SUB - SYNDICATE</b><br>MEMBER / REGISTERED BROKER /<br>SCSB / CDP / RTA / AGENTS STAMP (Acknowledging<br>upload of Bid in Stock Exchange system) |
|                                                                      |                                                                                                                                                                                                                   |                                                                                                                                                                                    |
|                                                                      |                                                                                                                                                                                                                   |                                                                                                                                                                                    |
|                                                                      |                                                                                                                                                                                                                   |                                                                                                                                                                                    |

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|-------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|---------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| <b>YATHARTH HOSPITAL &amp; TRAUMA CARE SERVICES LIMITED</b><br><b>BID REVISION FORM -</b><br><b>INITIAL PUBLIC OFFER - NR</b> |  |  |  |  |  |  |  |  |  | <b>Acknowledgement Slip for</b><br><b>Members of the Syndicate / Sub-Syndicate</b><br><b>Member / Registered Broker / SCSB /</b><br><b>CDP / RTA / AGENTS</b> |  |  |  |  |  |  |  |  |  | <b>Bid cum</b><br><b>Application</b><br><b>Form No.</b> |  |  |  |  |  |  |  |  |  |
| DPID / CLID _____                                                                                                             |  |  |  |  |  |  |  |  |  | PAN of Sole / First Bidder _____                                                                                                                              |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Additional Amount Blocked (₹ in figures) _____ ASBA Bank A/c No./UPI ID _____                                                 |  |  |  |  |  |  |  |  |  | Stamp & Signature of SCSB Branch                                                                                                                              |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Bank Name & Branch _____                                                                                                      |  |  |  |  |  |  |  |  |  |                                                                                                                                                               |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Received from Mr./Ms./M/s. _____                                                                                              |  |  |  |  |  |  |  |  |  |                                                                                                                                                               |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Telephone / Mobile _____ Email _____                                                                                          |  |  |  |  |  |  |  |  |  |                                                                                                                                                               |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |

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| <b>YATHARTH HOSPITAL &amp; TRAUMA CARE SERVICES LIMITED - BID REVISION FORM - INITIAL PUBLIC OFFER - NR</b> | Option 1                                 | Option 2 | Option 3 | Stamp & Signature of Members of the Syndicate / Sub-Syndicate<br>Member / Registered Broker / SCSB / CDP / RTA / Agents | <b>Name of Sole / First Bidder</b><br>_____<br>_____<br>_____                                         |
|                                                                                                             | No. of Equity Shares                     |          |          |                                                                                                                         |                                                                                                       |
|                                                                                                             | Bid Price (₹)                            |          |          |                                                                                                                         |                                                                                                       |
|                                                                                                             | Additional Amount Blocked (₹ in figures) |          |          |                                                                                                                         |                                                                                                       |
| ASBA Bank A/c No. /UPI ID _____<br>Bank Name & Branch _____                                                 |                                          |          |          |                                                                                                                         | <b>Acknowledgement Slip for Bidder</b><br><br><b>Bid cum</b><br><b>Application</b><br><b>Form No.</b> |
| Important Note : Application made using third party UPI ID or ASBA Bank A/c are liable to be rejected.      |                                          |          |          |                                                                                                                         |                                                                                                       |

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PLEASE FILL IN BLOCK LETTERS  
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