





15 NOVEMBER 2026 · Q2FY27 RESEARCH REPORT

YATHARTH HOSPITALS

NSE: YATHARTH

Yatharth runs a chain of super-speciality hospitals in North India, with 9 hospitals and 2,800+ beds including the upcoming Gurugram hospital. Most of its beds are in Delhi-NCR, with one hospital each in Agra and Jhansi-Orchha. Since listing in August 2023 the company has doubled its bed capacity, mostly by buying hospitals and turning them around. Q2FY27 was its best quarter so far, with revenue up 52% and EBITDA up 50%. Management now targets 7,000-8,000 beds in 3-5 years, backed by a ₹3,150 Cr primary investment from Advent International.

CMP	**₹1,061**
Market Cap	**₹10,221 Cr**
Net Debt (Sep-26)	**₹39 Cr**
Net Worth (Sep-26)	**₹1,899 Cr**
O/S Shares	**9.64 Cr**
Promoter Holding	**55.8%**

BUYING RANGE

INR 810 - 920

Q2FY27 REVENUE	BED CAPACITY	Q2 ARPOB	BED TARGET
₹431 Cr	**2,800+**	**₹35,948**	**7-8k**
▲ 52% YoY	2x since listing	▲ 11% YoY	in 3-5 years

Coverage history

Date	Status	Buying range (INR)
5 December 2025	Initiating coverage	**607 - 690**
1 March 2026	Q3FY26 update: Maintain buy	**607 - 690**
24 June 2026	Q4FY26 update: Maintain buy	**704 - 800**
15 November 2026	**Q2FY27 update: Price upgrade**	**810 - 920**

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01 How a Hospital Makes Money

A multi-speciality hospital earns most of its money from patients who are admitted (IPD). Outpatient visits (OPD) and diagnostics bring patients in, and a part of them get admitted for surgery or treatment. Revenue depends on three things: how many beds are open, how full they are (occupancy) and how much each occupied bed earns in a day (ARPOB). Costs like doctors, nurses and the building are largely fixed, so filling more beds lifts margins quickly.

Patient journey and the revenue formula

Patient journey

Emergency / OPD walk-ins, referrals → **Diagnostics** lab, imaging, PET CT → **Admission (IPD)** bed allotted → **Surgery / ICU** robotics, cath lab → **Ward recovery** 3.5 days average → **Discharge** follow-up in OPD

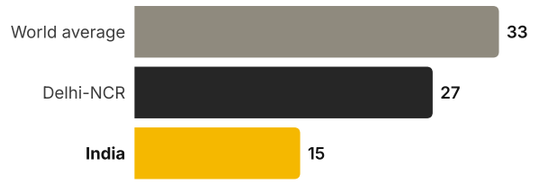
87% of Yatharth's revenue is earned here (H1FY27)

Revenue formula

Beds open	x Occupancy	x ARPOB	x Days	= IPD revenue
1,820 census beds	72%	₹35,948 per day	365	plus OPD on top

Fixed costs (doctors, nurses, building) do not rise much as occupancy goes up, so margins expand as beds fill

Hospital beds per 10,000 people



India has less than half the world average number of beds per person. Even Delhi-NCR is below the world average.

Who pays the hospital

Payer	Government schemes	Insurance / TPA	Cash & international
Examples	CGHS, ECHS, Ayushman Bharat	Private health insurance	Self-pay and overseas patients
Pricing	Fixed package rates	Negotiated rates	Hospital's own tariff
Collection	Slow, months	Weeks	Upfront
ARPOB	Lowest	Higher	Highest, international 45-55% above domestic
Yatharth share	~34% (Q2FY27)	~66%, of which international 4-5%	

High-value specialities

- Oncology & radiation
- Cardiology & CTVS
- Neurosciences
- Nephrology & urology
- Orthopaedics & spine
- Robotic surgery
- Organ transplants
- Critical care

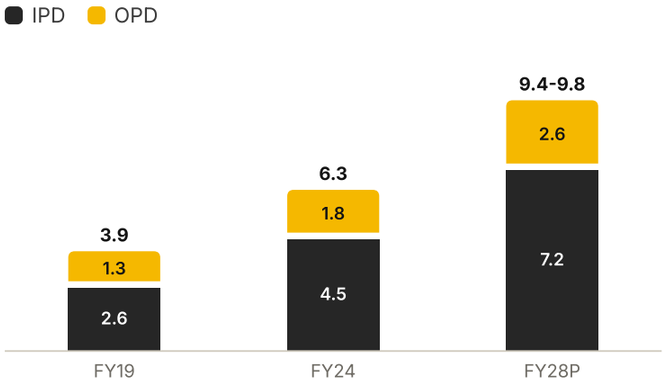
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01 Hospital Industry in India

The Indian hospital market was about ₹6.3 lakh Cr in FY24 and is expected to reach ₹9.4-9.8 lakh Cr by FY28, a growth rate of 10-12% a year. Private hospitals already hold two-thirds of the market and are gaining share. North India is the largest region and is expected to grow faster than the country, while private chains still own a small share of its beds.

Indian hospital market (₹ lakh Cr)



HOSPITALS IN HEALTHCARE

59%

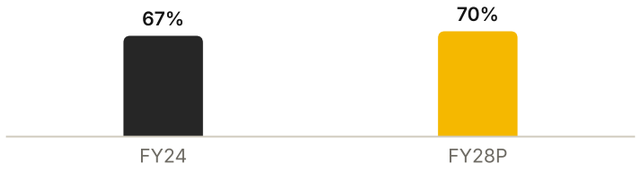
largest share, FY24

NORTH INDIA MARKET

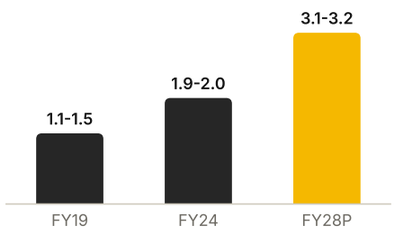
12-14%

CAGR FY24-28P

Private hospitals' share of market

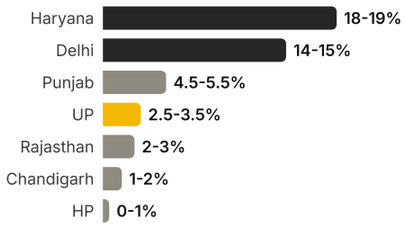


North India hospital market (₹ lakh Cr)



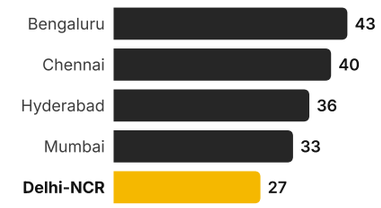
North India is about 30% of the national market.

Private chains' share of beds (2022)



Even in Haryana and Delhi, chains own less than a fifth of the beds.

Beds per 10,000 people by city



Delhi-NCR has the lowest bed density among large metros.

What is driving demand

Driver	What it means for hospitals
Low bed density	India has about 15 beds per 10,000 people against a world average of 33
Insurance and schemes	More people covered by private insurance, CGHS and Ayushman Bharat, so more treatment is paid for
Lifestyle diseases	Rising cancer, heart, kidney and neuro cases need super-speciality care
Medical value travel	India's treatment costs are 67-91% below the global average. About 45% of foreign patients go to Delhi-NCR
Shift to organised players	Patients move from small nursing homes to chains with better doctors and equipment

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02 Business Model

Yatharth grows by building hospital clusters. It first becomes a leading hospital in one area, then adds more hospitals close by so that doctors, brand and referrals can be shared. Noida is its established cluster with 3 hospitals and 1,100 beds. Faridabad has 2 hospitals and 600 beds, and Delhi and Gurugram are the next clusters. Most new hospitals are bought rather than built, which saves time.

Patient journey at Yatharth



1 Consultation
OPD visits, 297k in H1FY27



2 Diagnostics
Imaging, PET CT and lab tests



3 Surgery
1,300+ robotic surgeries so far



4 ICU & wards
66k admissions in H1FY27

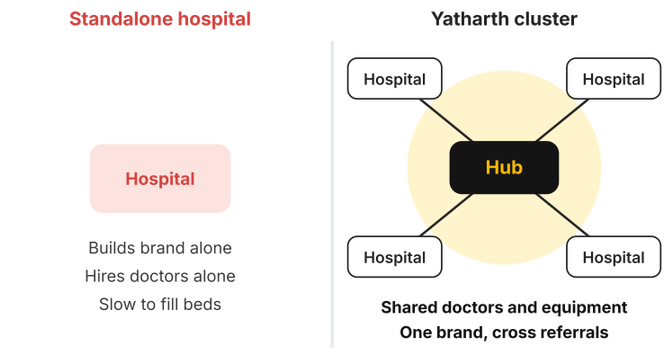


5 Cancer care
Radiation, chemo and transplants



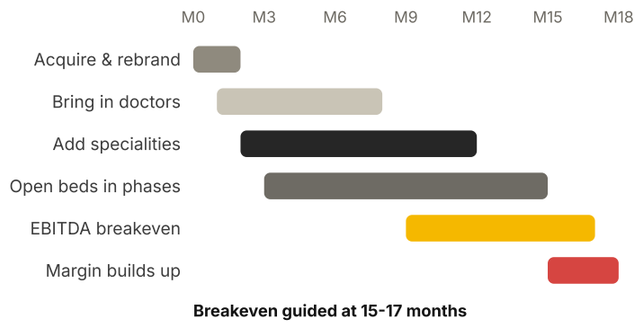
6 International
Medical centre at Noida airport

Standalone hospital vs Yatharth cluster



A cluster shares doctors, equipment and brand across hospitals, so each new hospital fills up faster.

Acquisition playbook (months)



Faridabad Sector-20 broke even in a record 9 months. New Delhi is expected to break even in December 2026.

Yatharth at a glance

HOSPITALS
9
incl. Gurugram (upcoming)

CENTRES OF EXCELLENCE
12
specialities

BEDS IN METROS
80%
mostly Delhi-NCR

ADDED SINCE LISTING
1,400
beds, 5 hospitals

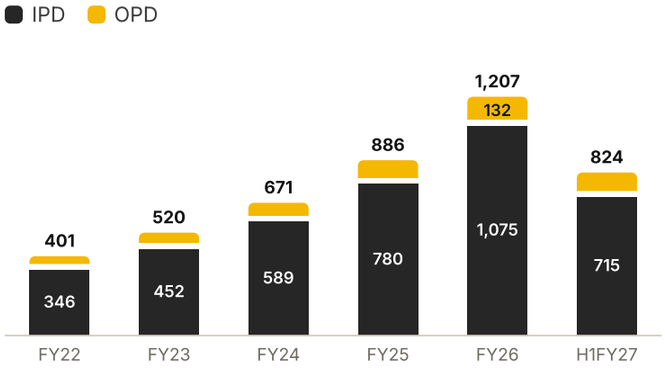
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02 Revenue Streams

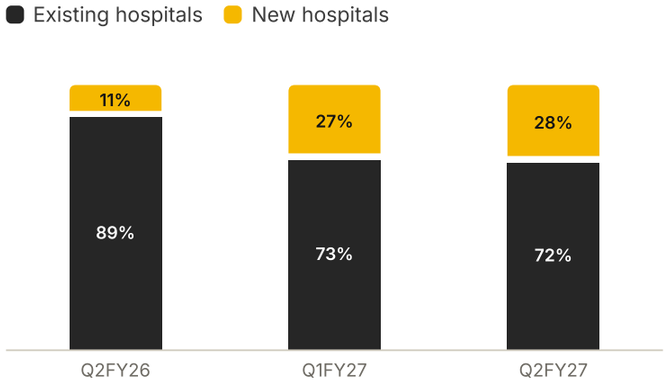
About 87% of revenue comes from inpatients. The four older hospitals (Noida, Greater Noida, Noida Extension and Jhansi-Orchha) earn most of the profit at a 28%+ EBITDA margin. The four newer hospitals bought since 2024 now bring in 28% of revenue, up from 11% a year ago, and as a group they have turned EBITDA positive.

Stream	Inpatient (IPD)	Outpatient (OPD)	Existing hospitals	New hospitals
What it is	Admissions, surgery, ICU, cancer care	Consultations, diagnostics, day care	Noida, Greater Noida, Noida Ext., Jhansi-Orchha	Gr. Faridabad, New Delhi, Faridabad Sec-20, Agra
Beds	1,820 census beds open	-	1,405	1,150 (+250 Gurugram)
Volumes H1FY27	66k admissions	297k visits	Occupancy 78%	Still ramping up
Margin	Group EBITDA 23.6% (Q2FY27)		28%+ EBITDA	EBITDA positive as a group in H1
Revenue	**₹715 Cr** (H1FY27)	**₹109 Cr** (H1FY27)	**₹310.9 Cr** (Q2FY27), +24% YoY	**₹120.5 Cr** (Q2FY27)

IPD and OPD revenue (₹ Cr)

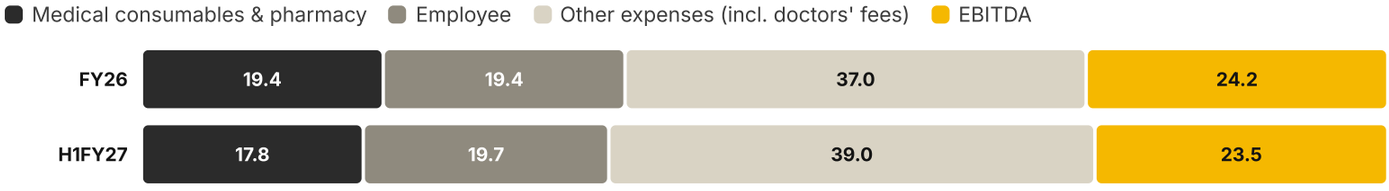


Existing vs new hospitals, share of revenue



New hospitals went from 11% to 28% of revenue in one year.

Where every ₹100 of revenue goes



Other expenses include doctors' professional fees, which is the largest cost for a hospital. The EBITDA share dipped in H1FY27 because the New Delhi and Faridabad Sec-20 hospitals are still ramping up. Excluding them, the margin was about 28%.

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03 Hospital Network

The network has nine hospitals. Noida Extension and New Delhi are the premium hospitals with ARPOB of about ₹50,000. Noida and Jhansi-Orchha are already above 90% occupancy. All hospitals are NABH accredited and Noida Extension also has JCI accreditation.



Greater Noida
Since 2010 · 400 beds (+200 planned)



Noida
Since 2013 · 250 beds



Noida Extension
Since 2019 · 450 beds (+250 planned)



Jhansi-Orchha
Acquired 2022 · 305 beds



Greater Faridabad
Acquired 2024 · 200 beds



Model Town, New Delhi
Started 2025 · 300 beds



Faridabad Sector-20
Started 2025 · 400 beds



Agra
Acquired 2026 · 250 beds



Gurugram UPCOMING
Sector 40 · 250 beds · H1FY28

Hospital comparison (Q2FY27)

Hospital	Total beds	Census beds	Occupancy	ARPOB (₹)	Revenue share
Noida Extension	450	390	61%	50,000+	26%
Greater Noida	400	330	78%	43,000	23%
Noida	250	215	93%	37,000	16%
Jhansi-Orchha	305	275	92%	15,000	7%
Faridabad Sector-20	400	200	59%	40,000	9%
Greater Faridabad	200	150	77%	35,000	8%
New Delhi	300	150	41%	50,000	6%
Agra	250	110	58%	33,000	5%
Group	**2,555**	**1,820**	**72%**	**35,948**	**100%**

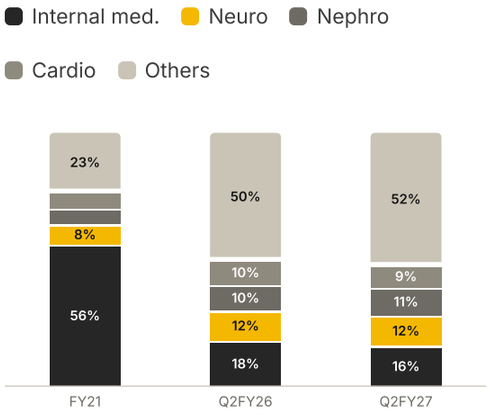
Occupancy is on census (operational) beds. ARPOB by hospital is approximate, as shared by the company.

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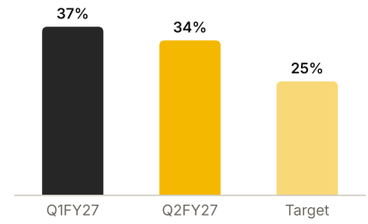
03 Specialities & Payer Mix

In FY21 more than half of revenue came from internal medicine. Today no single speciality is above 16%, and higher-value work like neurosciences, nephrology, cardiology and oncology has grown. The company is also cutting its dependence on government schemes, which pay less and pay late. The government share fell from 37% in Q1FY27 to 34% in Q2FY27, and the new hospitals run at only 15-20%.

Revenue by speciality (%)

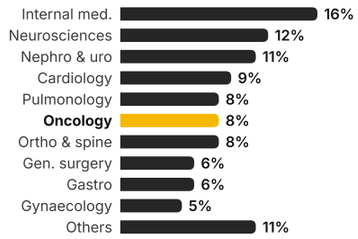


Government payer share



Target is about 25% in two years.

Q2FY27 speciality split



Clinical infrastructure









1,300+ robotic surgeries done on 8 robots across the group

280+ transplants done so far

4-5% of revenue from international patients, growing 35%+

Accreditations & recognition

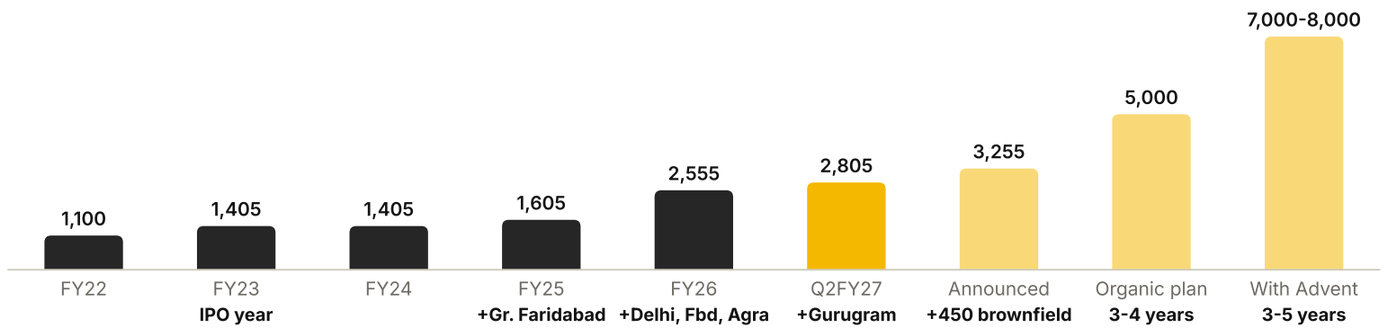
- JCI: Noida Extension
- NABH: all hospitals
- NABL: leading hospitals
- ASSOCHAM Hospital Excellence Award 2026
- Outlook Best Hospital Rankings 2026
- Exclusive hospital partner, Noida International Airport
- MSCI India Small Cap index

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04 Bed Capacity & Headroom

Bed capacity has grown 2x since the IPO, from 1,405 to 2,805 beds including Gurugram. Only 1,820 beds are counted as operational today. Another 350-400 beds at Faridabad Sector-20, New Delhi and Agra will open over the next 2-3 quarters, and brownfield work at Greater Noida and Noida Extension adds 450 more. This takes announced capacity to 3,255 beds.

Bed capacity build-up



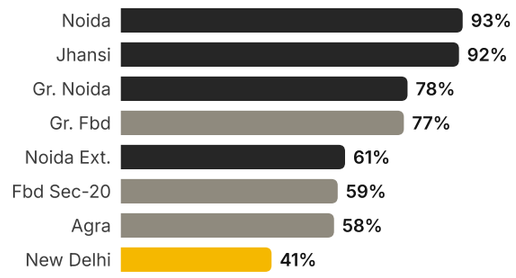
FY28 onwards bars are targets. 5,000 beds is the organic plan from internal cash. Advent's money is meant to add another 2,000-3,000 beds through acquisitions.

Hospital-wise beds (Q2FY27)

Hospital	Census	Non-census	Yet to open	Proposed
Noida	215	35	-	-
Greater Noida	330	70	-	200
Noida Extension	390	60	-	250
Jhansi-Orchha	275	30	-	-
Greater Faridabad	150	25	25	-
New Delhi	150	30	120	-
Faridabad Sector-20	200	80	120	-
Agra	110	32	108	-
Gurugram	-	-	-	250
Total	**1,820**	**362**	**373**	**700**

Total = 3,255 announced beds. Non-census beds are emergency, dialysis and day-care beds.

Occupancy on census beds (%)



GROSS BLOCK

₹1,999 Cr

from ₹626 Cr in FY24

CAPEX PER BED

₹71 L

H1FY27, per company

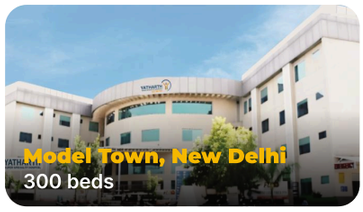
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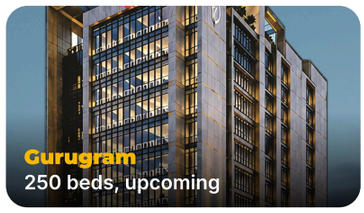
05 Growth Engines

The next leg of growth comes from filling up the newer hospitals, opening Gurugram and buying more hospitals. Advent International has agreed to invest ₹3,150 Cr through equity shares and warrants. The first ₹1,750 Cr is expected after CCI approval and the rest in 15-18 months. Management says this money will be used only to buy running, EBITDA positive hospitals with ARPOB higher than the group, so there should be no drag on profits.





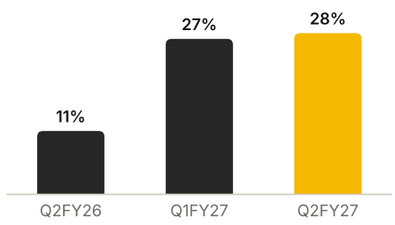




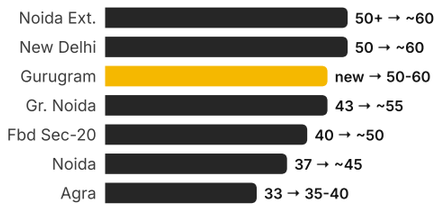
The new hospitals

	Faridabad Sector-20	Model Town, New Delhi	Agra	Gurugram
Q2FY27 revenue	~₹40 Cr (9% of group)	~₹26 Cr (6%)	~₹20 Cr (5%)	Opens H1FY28
Monthly run-rate	~₹15 Cr	~₹10 Cr	~₹9 Cr	-
ARPOB	~₹40,000	~₹50,000	~₹33,000	₹50,000+ expected
EBITDA	Positive in 9 months	Loss ₹3.8 Cr in Q2 (₹5.5 Cr in Q1), breakeven Dec-26	Positive from day 1	Breakeven in ~15 months
Next step	Radiation oncology in 45-60 days	Radiation oncology in 8-9 months	Cardiac surgery added, more beds	₹200 Cr total outlay

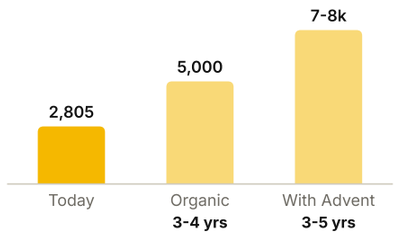
New hospitals' revenue share



ARPOB now vs potential (₹ '000)



Bed target



About 40-50% of the Advent-funded beds could go live in FY28.

~2,000 beds management expects to buy with the Advent money, mostly fully owned running hospitals and chains in North India.

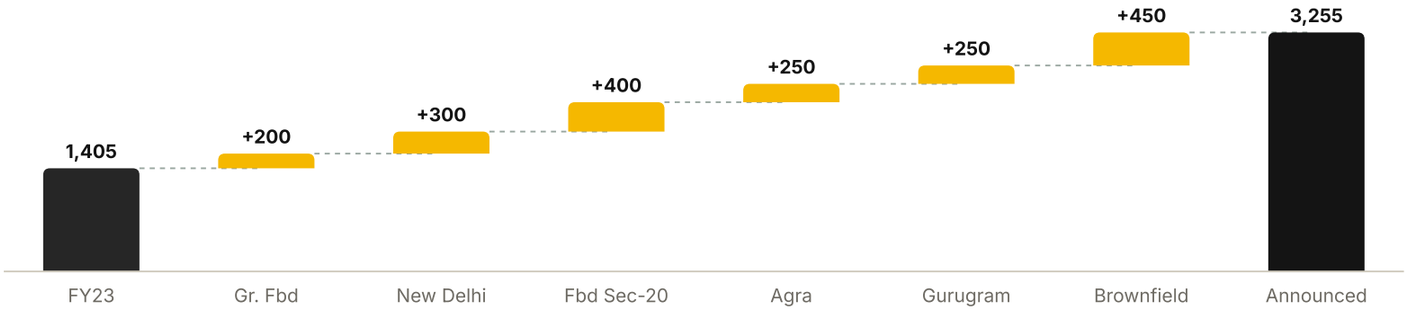
45-55% higher ARPOB from international patients. The Noida International Airport medical centre and partners in CIS and Africa feed this.

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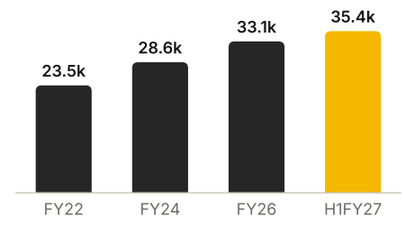
06 Beds, Occupancy & ARPOB

Revenue for a hospital is beds x occupancy x ARPOB. All three are moving up for Yatharth. Occupancy rose from 50% in FY22 to 70% in H1FY27, and ARPOB grew about 9% a year between FY22 and FY26. Patients also go home faster. The average stay (ALOS) fell from 5.2 days to 3.5 days, helped by robotic surgery, so each bed can treat more patients.

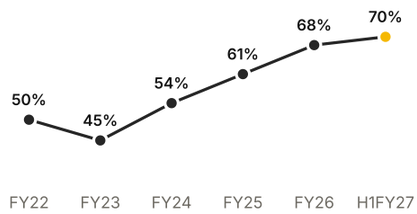
Announced bed capacity bridge, FY23 to today



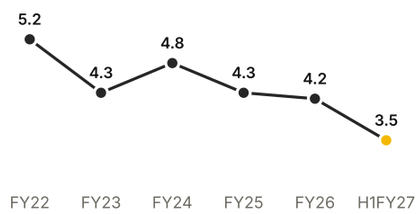
ARPOB (₹)



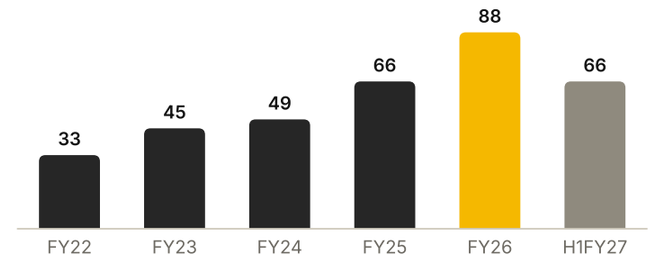
Occupancy (%)



Average length of stay (days)



Inpatient admissions ('000)



Admissions grew 67% YoY in Q2FY27.

What lifts ARPOB from here

Lever	Effect
Premium hospitals	Noida Ext., New Delhi and Gurugram at ₹50,000+ grow faster than the group
Speciality mix	More oncology, transplants and robotic surgery
Payer mix	Government share from 34% to about 25%
International	Foreign patients pay 45-55% more
Rate revisions	CGHS rates revised in October 2025

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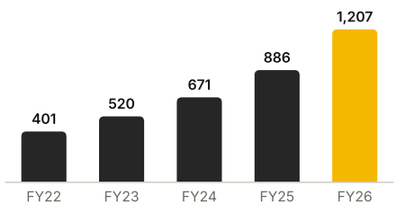
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07 Q2FY27 Results & Financials

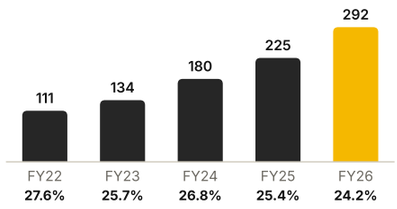
Q2FY27 was a record quarter. Revenue grew 52% and EBITDA 50%, with the margin up 30 bps over Q1 as the newer hospitals turned profitable. PAT grew only 17% because depreciation rose 75% and interest cost went up on the new hospitals. Cash profit (PAT plus depreciation) grew 36%. Between FY21 and FY26 revenue grew at 39% a year and PAT at 54%.

Q2 REVENUE	Q2 EBITDA	Q2 EBITDA MARGIN	Q2 PAT
₹431.4 Cr	₹102.0 Cr	23.6%	₹48.5 Cr
▲ 52% YoY · H1 ▲ 52%	▲ 50% YoY · H1 ▲ 44%	▼ 42 bps YoY	▲ 17% YoY · H1 ▲ 13%

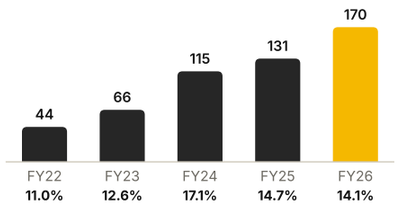
Revenue (₹ Cr)



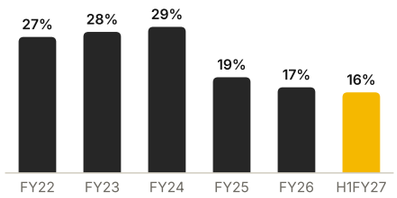
EBITDA (₹ Cr) & margin



PAT (₹ Cr) & margin

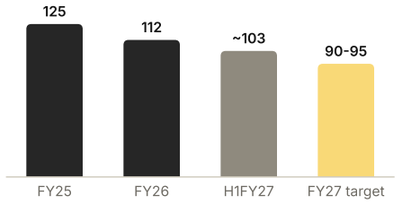


RoCE (%)



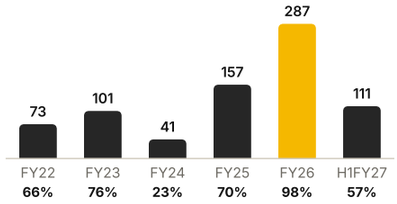
Dipped after the IPO money and capex for acquisitions.

Debtor days

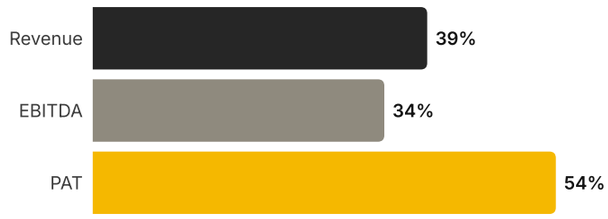


H1FY27 is our estimate on annualised revenue.

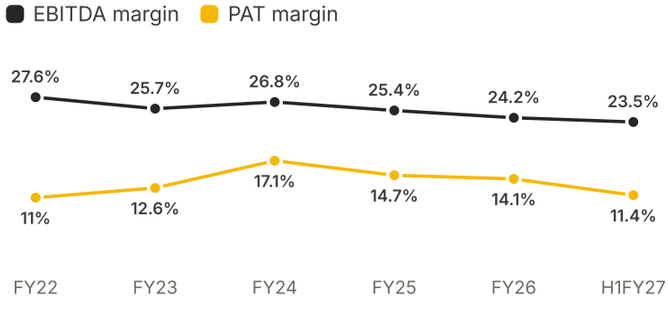
Operating cash flow (₹ Cr)



Growth, FY21-26 CAGR



EBITDA margin vs PAT margin (%)



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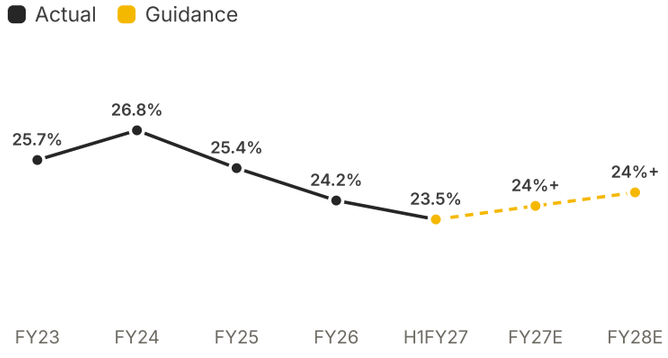
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08 Management Guidance

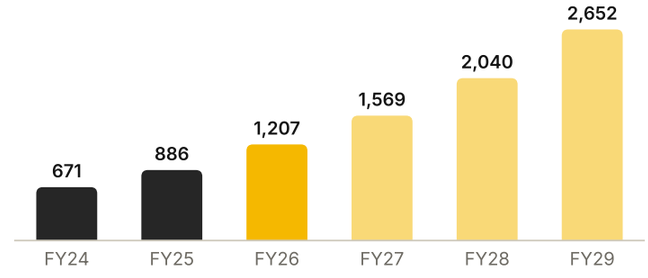
Management kept its margin guidance even after the price cap on cancer drugs, which it says cuts EBITDA margin by about 0.3%. It sees 30% organic revenue growth as easily visible for the next 3-4 years. With the Advent money on top, it expects revenue and EBITDA to cross 3x of current levels in 3.5-4 years.

Metric	Guidance
Revenue growth	About 30% a year organically for the next 3-4 years, Advent acquisitions on top
EBITDA margin	24%+ and rising for the existing plan. Blended margin will depend on the hospitals bought
Bed capacity	5,000 beds organically in 3-4 years, 7,000-8,000 beds with Advent in 3-5 years
New Delhi	EBITDA breakeven in December 2026
Gurugram	Operational in H1FY28, ARPOB above ₹50,000, breakeven in about 15 months
Unopened beds	All beds at Faridabad Sec-20, New Delhi and Agra open in 2-3 quarters
Payer mix	Government share down to about 25% in two years
Cash flow & debt	OCF/EBITDA above 70% for FY27. Debt has peaked and should come down

EBITDA margin: actual and guidance (%)



Revenue: actual and 30% growth path (₹ Cr)



FY27-FY29 bars apply 30% growth to FY26 and exclude Advent acquisitions. H1FY27 grew 52%.

"I think this is the peak level of debt that the company is expecting in the coming quarters."
Yatharth Tyagi, Whole-Time Director (Q2FY27 call)

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09 Valuation

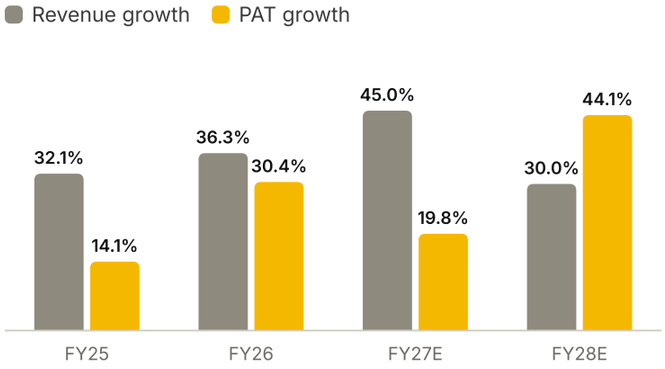
At current valuations the stock is trading at about 35x FY28E earnings on the existing share count. This does not include any hospitals bought with the Advent money, which would add both earnings and shares. PAT growth was held back in FY27 by depreciation and interest on the new hospitals. As these hospitals fill up and debt comes down, PAT can grow faster than revenue in FY28.

Estimates (₹ Cr)

	FY25A	FY26A	FY27E	FY28E
Revenue	885.6	1,207.2	1,750	2,275
Revenue growth	32.1%	36.3%	45.0%	30.0%
EBITDA	225.4	292.1	420	557
EBITDA margin	**25.4%**	**24.2%**	**24.0%**	**24.5%**
PAT	130.6	170.3	204	294
PAT growth	**14.1%**	**30.4%**	**19.8%**	**44.1%**

FY27E assumes H2 revenue growth of about 40% (H1 was 52%) at a 24% EBITDA margin. FY28E assumes 30% organic growth as guided at a 24.5% margin. Depreciation ₹131 Cr and ₹150 Cr, tax rate 26%. Advent acquisitions are not included.

Revenue vs PAT growth (%)



In FY28 PAT grows faster than revenue as new hospitals mature.

Our view

- Record quarter with revenue up 52%, and new hospitals turning profitable faster than planned.
- Clear headroom in existing beds: 1,820 open out of 2,555, plus Gurugram and 450 brownfield beds.
- ARPOB, payer mix and speciality mix are all moving the right way.
- Advent's ₹3,150 Cr can take the network to 7,000-8,000 beds without stretching the balance sheet.
- Net debt is only ₹39 Cr and cash conversion should improve in H2.

Key risks

- Price caps on drugs and consumables. A wider cap than oncology could hit margins
- Overpaying for acquisitions or slower turnaround of bought hospitals
- Delay in Advent regulatory approvals or in deploying the money
- Slow payments from government schemes stretching working capital
- Higher depreciation and interest holding back PAT growth
- 9.6% of promoter shares are pledged (Sep-26)

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TEJAS BANSAL

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