



FORTIS HEALTHCARE LIMITED

CIN: L85110PB1996PLC045933

Regd. Off.: Fortis Hospital, Sector 62, Phase-VIII, Mohali, Punjab, 160062

Tel No.: +91-172 5096001, **Fax No.:** +91-172 5096221

Email Id: secretarial@fortishealthcare.com, **Website:** www.fortishealthcare.com

POSTAL BALLOT FORM

Serial No.:

(1) Name and Registered Address of the sole / first named shareholder :

(2) Name of the Joint Shareholder(s) if any :

(3) *DP ID No. /*Client ID No./Registered Folio No.. :
(*Applicable to investors holding shares in Dematerialized form)

(4) Number of Shares held :

I/We hereby exercise my/our vote in respect of the following resolution to be passed through Postal Ballot for the business stated in the Postal Ballot Notice dated August 30, 2018 of Fortis Healthcare Limited (**the 'Company'**) by conveying / sending my/our assent or dissent to the said Resolution by placing the tick mark (✓) in the appropriate box below:

| Description | No. of Shares | I/We assent to the Resolution (FOR) | I/We dissent to the Resolution (AGAINST) |
|--|---------------|-------------------------------------|--|
| TO APPROVE AMENDMENT IN TERMS OF THE AGREEMENT ENTERED FOR ACQUISITION OF ASSETS OF RHT HEALTH TRUST | | | |

Place:

Date:

Signature of the Shareholder

Electronic Voting Particulars

| EVEN (E-Voting Event Number) | USER ID | PASSWORD / PIN |
|------------------------------|---------|----------------|
| | | |

Note:

1. Please read the instructions printed overleaf carefully before exercising your vote.
2. Last day for the receipt of Postal Ballot Forms by Scrutinizer is October 28, 2018.

INSTRUCTIONS

1. A Member desiring to exercise vote by Postal Ballot may complete this Postal Ballot Form and send it to the Scrutinizer in the enclosed postage pre-paid self-addressed envelope. Postage will be borne and paid by the Company. Envelopes containing Postal Ballot form, if deposited in person or sent by courier or any other mode at the expense of the Member(s) will also be accepted.
2. Postal Ballot Form should be completed and signed by the Member as per the specimen signature registered with the Company/ RTA or Depository Participants, in respect of shares held in physical form or dematerialized form respectively. In case of joint holding, this Form should be completed and signed by the first named Member and in his / her absence, by the next named Member.
3. In case of shares held by companies, trusts, societies, etc. the duly completed Postal Ballot Form should be accompanied by a certified true copy of Board Resolution/authorization giving requisite authority to the person voting on the Postal Ballot Form together with duly attested specimen signature(s) of the authorized signatories. Where the form has been signed by a representative of the President of India or of the Governor of a State, a certified copy of the nomination should accompany the Postal Ballot Form.
4. The consent must be accorded by recording the assent in the Column 'FOR' and dissent in the column 'AGAINST' by placing a tick mark (✓) in the appropriate column.
5. The self-addressed Business Reply Envelope bears the name and postal address of the Scrutinizer appointed by the Company.
6. The Postal Ballot Form duly completed and signed should be forwarded to the Scrutinizer i.e. Mr. Mukesh Manglik, Company Secretary in Whole-time Practice (C.P. No. 8476), appointed by the Company so as to reach him not later than the close of working hours on or before October 28, 2018 (i.e. 1700 Hours) at Escorts Heart Institute and Research Centre, Okhla Road, New Delhi-110025. Postal Ballot Forms received after this date will be strictly treated as if the reply from such member(s) has not been received.
7. A Member can apply for duplicate Postal Ballot Form through an email to einward.ris@karvy.com, if so required. However, the duly filled in duplicate Postal Ballot Form should reach the Scrutinizer not later than the close of working hours on or before October 28, 2018 (i.e. 1700 Hours). For any clarification(s), please contact M/s Karvy Computershare Private Limited on toll free number: 1800 3454001.
8. The right of voting by Postal Ballot shall not be exercised by proxy.
9. Members are requested to fill the Postal Ballot Form in indelible ink (and avoid filling it by using erasable writing mediums like pencil).
10. Voting rights shall be reckoned on the paid-up value of the shares registered in the name(s) of the Member(s) on the cut-off date i.e. Friday, August 31, 2018.
11. Unsigned, incomplete or incorrectly ticked Postal Ballot Forms shall be rejected.
12. Members are requested not to send any other paper along with the postal Ballot Form in the enclosed self-addressed postage prepaid envelope. If any extraneous paper is found, the same will be destroyed by the Scrutinizer.
13. There will be one Postal Ballot Form for every Folio/Client ID, irrespective of the number of Joint holders.
14. The Scrutinizer's decision on the validity of Postal Ballot shall be final.
15. The Company is pleased to offer e-voting facility as an alternative, for all the Members of the Company to enable them to cast their votes electronically instead of dispatching Postal Ballot Form. E-voting is optional. The detailed procedure of e-voting is enumerated in the Notes to the Postal Ballot Notice. Kindly note that the Members can opt ONLY ONE MODE OF VOTING, i.e. either by Physical Ballot or E-voting. If you are opting for e-voting, then do not vote by Physical Ballot and vice versa. However, in case Members cast their vote by Physical Ballot and E-voting both, then vote cast through e-voting will be treated as valid.
16. The results of the Postal Ballot will be declared at the Corporate Office of the Company as specified in the Postal Ballot Notice. The same will be hosted on the Company's website at www.fortishealthcare.com for information of the Members, besides being communicated to the Stock Exchanges on which the shares of the Company is listed.