



FORTIS HEALTHCARE LIMITED

CIN: L85110DL1996PLC076704

Registered Office: Escorts Heart Institute and Research Centre, Okhla Road, New Delhi-110025

Ph.: +91-11-4713 5000/2682 5000, Fax: +91-11-26825013

Email: secretarial@fortishealthcare.com; Website: www.fortishealthcare.com

PROXY FORM

[Pursuant to Section 105(6) of the Companies Act, 2013 and Rule 19(3) of the Companies (Management and Administration) Rules, 2014]

Name of the member (s) :

Registered address :

E-mail ID : *Folio No. / *Client ID-*DP ID

I/We, being the member(s) of _____ shares of the above named Company, hereby appoint:

- 1) Name _____, Address _____ having e-mail id _____ or failing him/her
- 2) Name _____, Address _____ having e-mail id _____ or failing him/her
- 3) Name _____, Address _____ having e-mail id _____

and whose signature(s) are appended below as my/our proxy to attend and vote (on a poll) for me/us and on my/our behalf at the **20th Annual General Meeting** of the Company, to be held on Tuesday, September 27, 2016 at 12:00 noon at PHD Chamber of Commerce and Industry, 4/2 Siri Institutional Area, August Kranti Marg, New Delhi – 110016 and at any adjournment thereof in respect of such resolutions as are indicated below:

** I wish my above Proxy to vote in the manner as indicated in the box below:

Resolution No.	Resolutions	For	Against
1.	Adoption of Annual Accounts (Standalone and Consolidated)		
2.	Re-appointment of Mr. Sunil Godhwani, who retires by rotation		
3.	Re-appointment of Mr. Ravi Umesh Mehrotra, who retires by rotation		
4.	Ratification of appointment of Statutory Auditors		
5.	Ratification of remuneration to Cost Auditors		
6.	Enabling approval for Fund Raising		
7.	Appointment of Non-Independent Director(s) for office or place of profit.		

* Applicable for investors holding shares in electronic form.

Signed this..... day of.....2016

Signature of shareholder

Affix Re.
1/- Revenue
Stamp

Signature of first proxy holder

Signature of second proxy holder

Signature of third proxy holder

Note:

** This is only optional. Please put a '√' in the appropriate column against the resolutions indicated in the Box. If you leave the 'For' or 'Against' column blank against any or all the resolutions, your Proxy will be entitled to vote in the manner as he/she thinks appropriate.



FORTIS HEALTHCARE LIMITED

CIN: L85110DL1996PLC076704

Registered Office: Escorts Heart Institute and Research Centre, Okhla Road, New Delhi-110025

Ph.: +91-11-4713 5000/2682 5000, Fax: +91-11-26825013

Email: secretarial@fortishealthcare.com; Website: www.fortishealthcare.com

ATTENDANCE SLIP

PLEASE FILL ATTENDANCE SLIP AND HAND IT OVER AT THE ENTRANCE OF THE MEETING HALL

Joint shareholders may obtain additional Slip at the venue of the meeting

DP ID*	
Client ID*	

Folio No.	
No. of Shares	

NAME AND ADDRESS OF THE SHAREHOLDER/PROXY

I/We hereby record my/our presence at the **20th ANNUAL GENERAL MEETING** of the Company held on Tuesday, September 27, 2016 at 12:00 noon at PHD Chamber of Commerce and Industry, 4/2 Siri Institutional Area, August Kranti Marg, New Delhi – 110016.

* Applicable for investors holding shares in electronic form.

Signature of Shareholder / proxy