



TML: CS: 2019-20:

8th August, 2019

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Listing Department,
National Stock Exchange of India Ltd.
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Dear Sir/Madam,

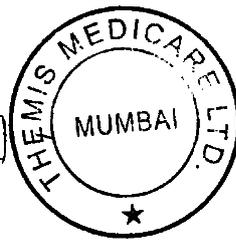
Sub: **Newspaper Advertisement for Standalone and Consolidated Financial Results for the Quarter ended June 30, 2019.**

- Ref: 1. Regulation 47 of the SEBI (Listing Obligations & Disclosure Requirements) Regulations, 2015
2. BSE Scrip Code: 530199
3. NSE Scrip Code: THEMISMED

Pursuant to the provisions of Regulation 47 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, enclosed copies of advertisement published in newspaper(s) viz. the "The Times of India" (English) and "The Economic Times" (Gujarati) newspaper dated 8th August, 2019 for the Standalone and Consolidated Financial Results for the Quarter ended June 30, 2019.

Kindly take the same on record and acknowledge receipt.

Thanking you,
Yours faithfully,
For **Themis Medicare Limited**,



Sangameshwar Iyer
Company Secretary & Compliance Officer

Encl: a/a

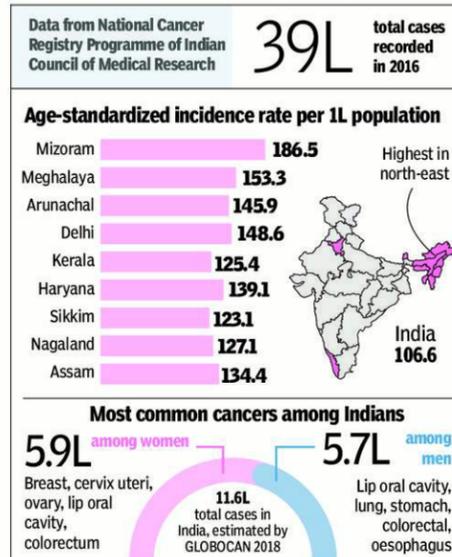
Themis Medicare Limited

Corporate Office : 11/12, Udyog Nagar, S. V. Road, Goregaon (West), Mumbai - 400 104. India
Tel. : 91-22-6760 7080 • Fax : 91-22-6760 7070 / 2874 6621
Regd. Office : Plot No. 69-A, G.I.D.C. Industrial Estate, Vapi - 396 195, Gujarat.
CIN No.: L24110GJ1969PLC001590 • Tel / Fax No.: Regd. Off. : 0260 2431447 / 2430219
• E-mail : themis@themismedicare.com • Website : www.themismedicare.com

'Longer you live, higher the chances of dying of Big C'

Rural To Urban Migration, Rise In Non-Infectious Diseases Up Risk

INDIA'S CANCER MAP

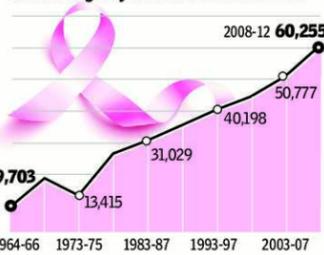


THE NEW STUDY

Reasons for increasing cases

- Increasing population
- Aging as a result of epidemiological transition
- Better access to less invasive diagnostic tests
- Elderly seek better healthcare
- Reduction in mortality from competing causes
- Changing social, cultural practices
- Rising energy imbalance
- Cancer screening

Incidence of all cancers in Mumbai's Cancer Registry between 1964 and 2012



Malathy.lyer@timesgroup.com

Mumbai: India's cancer burden will almost double to 20 lakh cases in the next 20 years and mainly due to demographic changes, says a new study. The country registered 11.6 lakh new cancer cases in 2018, according to GLOBOCAN, the World Health Organisation's cancer-mapping programme.

The impending doubling can be attributed to the ongoing "transitions" in India— from an infectious diseases hub to the capital of several non-communicable diseases and shift from rural to urban areas. This is the gist of the study published on Saturday in Journal of Global Oncology by Dr Mohandas K Mallath, who was formerly with Tata Memorial Hospital and is now with Tata Cancer Centre in Kolkata.

"Most of the increase in patients with cancer in India is attributable to its epidemiological transition and the improvement and increased use of cancer diagnostics in India," he said.

Approximately 40% to 50%

of cancers are due to random mutations during DNA replications and the longer a person lives, the higher the chances of accumulation of the random mutations. "If you don't die at a young age due to infection or trauma, then the chances of dying at an older age from non-communicable diseases, including cancer, will increase," said Dr Mallath.

Dr Rajendra Badwe, director of Tata Memorial Centre in Parel, concurred, giving three reasons for the "absolute increase in cancer numbers in the country"—population increase, increase in life expectancy and, most important, economic transition. "In the past two decades, life expectancy has increased by 10 years," said Dr Badwe. Considering that the incidence of cancer in the 54-64 age group is almost twice that in the 34-44 age group, this is a major contributor.

Moreover, cancer incidence shows a massive difference in urban-rural terms. "The cancer rate in urban areas is 90-100 per lakh while it is 60-75 in semi-ur-

ban areas and between 40 and 50 among the rural population," said Dr Badwe. Every census shows that 10% of rural areas transition to semi-urban areas and another 5% of semi-urban areas to urban areas, leading to an increase in cancer rates.

Dr Mallath wrote the article tracing the origins of cancer detection and epidemiology because of the questions he is regularly asked. "Is there a cancer epidemic in India? Why did I get cancer when I don't smoke, drink or eat non-vegetarian food? These are two questions I am asked at my clinic in Kolkata and elsewhere for over a decade," said Dr Mallath.

The study also underlines the need to pay more attention to cancer: "Public cancer facilities in India are woefully inadequate, and there is large presence of private cancer care facilities. Some have exploited this situation by selling vulnerable patients unproven therapies to prevent, cure or control cancer. As a result of the great increase in cancer, all public cancer treatment facilities are overcrow-

ded and teeming with patients, resulting in India's cancer problem being called an epidemic or a tsunami," said the authors.

The total cancer burden is projected to double by 2040 to around 20 lakh cases. "If cancer diagnosis catches up in rural India due to Ayushman Bharat and all elderly and invalid patients are subjected to CT scans and FNACs (fine needle aspiration cytology), many more cancers will be diagnosed and the burden will increase further," said Dr Mallath.

CT and PET centres are mushrooming in India in geometric proportions and most cancers will be caught before death. Screening will also catch several indolent cancers.

Dr Badwe sees a silver lining though. "If urban India has a cancer incidence of 90 per 1,00,000, it stands at 350 per 1,00,000 in the West. We are a third of all cancer rates in US cities and 70% of our cancers are preventable. If we tackle the tobacco habit as well as lack of hygiene, India will be the place to live in," he said.

Legal experts pick holes in anti-lynching law of Raj

Siddhartha Dutta @timesgroup.com

Jaipur: Legal experts have picked holes in Rajasthan's new anti-lynching law within days of the assembly passing the bill, saying the crime hasn't been defined properly and there is no provision to make police and other government agencies accountable for offenders getting away.

The Rajasthan Protection from Lynching Bill, 2019, is being benchmarked against the Manipur Protection from Mob Violence Ordinance, 2018, which covers all acts of mob violence against an individual, irrespective of the reason.

The Rajasthan bill, however, restricts its definition of mob lynching to "any act or series of acts of violence or aiding, abetting or attempting an act of violence, whether spontaneous or planned, by a mob on grounds of religion, race, caste, sex, place of birth, language, dietary practices, sexual orientation, political affiliation and ethnicity".

A spokesperson for a civil society group said the August 2 lynching of 30-year-old Kushi Ram at Gangapur in Sawai Madhopur on suspicion of stealing a motorbike might not even be considered an act of mob lynching under the new law.

The Manipur ordinance is apparently wider and stronger not only in scope but also in terms of enforcement. It makes police officers accountable for dereliction of duty in lynching cases with a provision for imprisonment, which may extend up to 3 years, and a fine up to Rs 50,000.

The ordinance also mandates the creation of an STF of the police at the district level to preempt lynchings. The Rajasthan bill provides for life imprisonment and a maximum fine of Rs 5 lakh to anyone convicted in a case of mob lynching leading to the victim's death. But there is nothing in the bill to fix responsibility on the police or other wings of the administration if a lynching case is ignored or not investigated properly.

Bihar boy hangs self in Kota

Rajiv Saxena @timesgroup.com

Kota: A 16-year-old Class XI boy from Madhubani district in Bihar, who had been preparing to crack the entrance test for admission to IIT in a coaching institute here, committed suicide by hanging himself from the ceiling fan of his hostel room in Mahavir Nagar - III on Wednesday noon.

The reason behind the suicide is yet to be investigated as

no suicide note was recovered from his hostel room. However, police speculate that he was either stressed or homesick. This is the fifth student suicide in Kota.

Police said Amit Sain's body was found by his friend Prince, who peeped in through the hostel room's ventilator after Sain did not respond to knocks or calls. Prince immediately informed hostel manager Shyam

Soni, who rushed Amit to a nearby government dispensary where he was declared brought dead, cops added.

Sain had come to Kota with his brother Aditiya around two months ago. Aditiya was preparing for NEET in a separate institute, and both brothers had been living in separate rooms in the same hostel. Aditiya was attending his classes when Amit hung himself.

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Corporate Office : 11/12, Udyog Nagar, S. V. Road, Goregaon (West), Mumbai-400 104.

Email ID : themis@themismedicare.com. Website Address : www.themismedicare.com.

EXTRACT OF THE UNAUDITED STANDALONE AND CONSOLIDATED FINANCIAL RESULTS FOR THE QUARTER ENDED JUNE 30, 2019

Rs. In Lakhs

Sr. No	Particulars	STANDALONE				CONSOLIDATED			
		Quarter Ended		Year Ended		Quarter Ended		Year Ended	
		30.06.2019	31.03.2019	30.06.2018	31.03.2019	30.06.2019	31.03.2019	30.06.2018	31.03.2019
	(Unaudited)	(Audited)	(Unaudited)	(Audited)	(Unaudited)	(Audited)	(Unaudited)	(Audited)	
1	Total Income From Operations	5,133.37	3,606.66	5,045.71	18,410.82	5,133.37	3,571.31	5,045.71	18,375.47
2	Net Profit/ (Loss) for the period before tax and Exceptional items	233.31	(1,083.41)	(23.37)	(1,453.34)	232.61	(945.98)	(34.62)	(1,486.52)
3	Net Profit/ (Loss) for the period before tax	233.31	(1,083.41)	(23.37)	(1,453.34)	495.75	(1,007.67)	54.20	(1,259.72)
4	Net Profit/ (Loss) for the period after tax	253.42	(1,066.54)	7.34	(1,269.60)	515.86	(990.80)	84.91	(1,075.98)
5	Total Comprehensive Income for the period	252.11	(1,067.51)	5.97	(1,274.80)	518.20	(991.18)	88.48	(1,080.69)
6	Equity Share Capital	918.09	918.09	918.09	918.09	918.09	918.09	918.09	918.09
7	Other equity (excluding Revaluation Reserve)				9,878.37				11,353.69
8	Earning per share								
	1 Basic	2.76	(11.62)	0.08	(13.83)	5.62	(10.79)	0.92	(11.72)
	2 Diluted	2.76	(11.62)	0.08	(13.83)	5.62	(10.79)	0.92	(11.72)

Note :

The above is an extract of the detailed format of Quarterly / Annual Financial Results filed with the Stock Exchanges under Regulation 33 of the SEBI (Listing and Other Disclosure Requirements) Regulations, 2015. The full format of the Quarterly / Annual Financial Results are available on the Stock Exchange website viz. www.bseindia.com & www.nseindia.com and on the Company's website: www.themismedicare.com

For Themis Medicare Ltd
SD/-
Dr. Sachin D. Patel
Managing Director & CEO
DIN:00033353

Place: Mumbai
Dated : August 7, 2019

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