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PLEASE FILL IN BLOCK LETTERS

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SYNDICATE ASBA FORM

COMMON BID CUM APPLICATION FORM

GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED - INITIAL PUBLIC OFFER - R

Registered Office: Plot No. 1, City Sarve No. 1537/A, Jetalpur Road, Gokak Mill Compound, Alkapuri, Vadodra - 390 020, Gujarat, India

Telephone: +91 265 298 4800; Contact Person: Niki Parekh Tiwari, Company Secretary and Compliance Officer

E-mail: info@gujaratsuperspecialityhospital.com; Website: www.gujaratsuperspecialityhospital.com; Corporate Identity Number: U85300GJ2019PLC111559

FOR RESIDENT INDIAN INVESTORS INCLUDING RESIDENT QIBs, NON-INSTITUTIONAL BIDDERS, AND ELIGIBLE NRIs APPLYING ON A NON-REPATRIATION BASIS, FOR BID SIZE ABOVE INR 5,00,000

To,
The Board of Directors

GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED

100% BOOK BUILT ISSUE

ISIN: INE0V0W01025

LEI: 335800NVEWHWDXJAPC53

Bid cum
Application
Form No.

MEMBERS OF THE SYNDICATE'S STAMP & CODE	SUB-SYNDICATE MEMBERS'/REGISTERED BROKER'S SCSB'S/CDP'S/RTA'S STAMP & CODE
SUB-BROKER'S / SUB-AGENT'S STAMP & CODE	SCSB BRANCH STAMP & CODE
BANK BRANCH SERIAL NO.	SCSB SERIAL NO.

1. NAME & CONTACT DETAILS OF SOLE / FIRST BIDDER
Mr./Ms./M/s. _____
Address _____
Email _____
Tel. No. (with STD code) / Mobile _____
2. PAN OF SOLE / FIRST BIDDER

3. BIDDER'S DEPOSITORY ACCOUNT DETAILS	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
----------------------------------------	-------------------------------------------------------------

For NSDL enter 8 digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit Client ID

4. BID OPTIONS	5. CATEGORY																																																																																																																													
<table border="1"> <tr> <th rowspan="3">Bid Options</th> <th colspan="8">No. of Equity Shares Bid (In Figures) (Bids must be in multiples of Bid Lot as advertised)</th> <th colspan="12">Price per Equity Share (₹) (Price in multiples of ₹ 1 only) (In Figures only)</th> <th rowspan="3">(Please ✓/tick)</th> </tr> <tr> <th colspan="8"></th> <th colspan="4">Bid Price</th> <th colspan="4">Retail Discount</th> <th colspan="4">Net Price</th> </tr> <tr> <th>8</th><th>7</th><th>6</th><th>5</th><th>4</th><th>3</th><th>2</th><th>1</th> <th>3</th><th>2</th><th>1</th> <th>3</th><th>2</th><th>1</th> <th>3</th><th>2</th><th>1</th> </tr> <tr> <td>Option 1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(OR) Option 2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(OR) Option 3</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td><input type="checkbox"/></td> </tr> </table>	Bid Options	No. of Equity Shares Bid (In Figures) (Bids must be in multiples of Bid Lot as advertised)								Price per Equity Share (₹) (Price in multiples of ₹ 1 only) (In Figures only)												(Please ✓/tick)									Bid Price				Retail Discount				Net Price				8	7	6	5	4	3	2	1	3	2	1	3	2	1	3	2	1	Option 1																					<input type="checkbox"/>	(OR) Option 2																					<input type="checkbox"/>	(OR) Option 3																					<input type="checkbox"/>	<input type="checkbox"/> Non-Institutional Bidder <input type="checkbox"/> QIB
Bid Options		No. of Equity Shares Bid (In Figures) (Bids must be in multiples of Bid Lot as advertised)								Price per Equity Share (₹) (Price in multiples of ₹ 1 only) (In Figures only)													(Please ✓/tick)																																																																																																							
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7. PAYMENT DETAILS [IN CAPITAL LETTERS]

PAYMENT OPTION : FULL PAYMENT ☒

Amount blocked (₹ in figures) _____ (₹ in words) _____
ASBA Bank A/c No. _____
Bank Name & Branch _____
Bank Reference Number _____

I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS COMMON BID CUM APPLICATION FORM, THE ATTACHED ABBRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT FOR INVESTING IN PUBLIC OFFERS ("GID") AND HEREBY AGREE AND CONFIRM THE "BIDDER'S UNDERTAKING" AS GIVEN OVERLEAF. I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THIS COMMON BID CUM APPLICATION FORM GIVEN OVERLEAF.

8A. SIGNATURE OF SOLE / FIRST BIDDER	8B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS)	8C. MEMBERS OF THE SYNDICATE / SUB-SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA / AGENT STAMP (Acknowledging upload of Bid in Stock Exchanges system)
	I/We authorise the SCSB to do all acts as are necessary to make the application in the Issue.	
	1) _____	
	2) _____	
	3) _____	
Date : _____, 2025		

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SYNDICATE ASBA FORM

GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED
INITIAL PUBLIC OFFER - RAcknowledgement Slip for
Members of the Syndicate /
Sub-Syndicate Member / Registered
Broker / CDP / RTA / AgentsBid cum
Application
Form No.

PAN of Sole / First Bidder

DP ID / CL ID	Amount blocked (₹ in figures)	ASBA Bank A/c No.	STAMP & SIGNATURE OF SCSB BRANCH / MEMBERS OF THE SYNDICATE / SUB-SYNDICATE MEMBER / REGISTERED BROKER / CDP / RTA / AGENT
	Bank Name & Branch		
	Received from Mr./Ms./M/s.		
	Telephone / Mobile	Email	

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SYNDICATE ASBA FORM

GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED-INITIAL PUBLIC OFFER - R	Option 1	Option 2	Option 3	Stamp & Signature of Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agents	Name of Sole / First Bidder
No. of Equity Shares					
Bid Price (₹)					
Amount Blocked (₹ in figures)					
ASBA Bank A/c No.					
Bank Name & Branch					
Important Note : Application made using third party ASBA Bank A/c are liable to be rejected.					

GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED

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SYNDICATE ASBA FORM

COMMON BID
REVISION FORM

GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED - INITIAL PUBLIC OFFER - R

Registered Office: Plot No. 1, City Sarve No. 1537/A, Jetalpur Road, Gokak Mill Compound, Alkapuri, Vadodara - 390 020, Gujarat, India
 Telephone: +91 265 298 4800; Contact Person: Niki Paresh Tiwari, Company Secretary and Compliance Officer
 E-mail: info@gujaratsuperspecialityhospital.com; Website: www.gujaratsuperspecialityhospital.com; Corporate Identity Number: U85300GJ2019PLC111559

FOR RESIDENT INDIAN INVESTORS INCLUDING RESIDENT
 QIBs, NON-INSTITUTIONAL BIDDERS,
 AND ELIGIBLE NRIs APPLYING ON A NON-REPATRIATION
 BASIS, FOR BID SIZE ABOVE INR 5,00,000



To,
 The Board of Directors
 GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED

100% BOOK BUILT ISSUE
 ISIN: INE0V0W01025
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Bid cum
 Application
 Form No.

MEMBERS OF THE SYNDICATE STAMP & CODE	SUB-SYNDICATE MEMBER/ REGISTERED BROKER SCSB/CDP/RTA'S STAMP & CODE
SUB-BROKER'S / SUB-AGENT'S STAMP & CODE	SCSB BRANCH STAMP & CODE
BANK BRANCH SERIAL NO.	SCSB SERIAL NO.

1. NAME & CONTACT DETAILS OF SOLE / FIRST BIDDER	
Mr. /Ms./M/s. _____	
Address _____	
_____ Email _____	
Tel. No. (with STD code) / Mobile _____	
2. PAN OF SOLE / FIRST BIDDER _____	
3. BIDDER'S DEPOSITORY ACCOUNT DETAILS <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	
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 (Bids must be in multiples of Bid Lot as advertised)									Price per Equity Share (₹) (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			(Please ✓ tick)
Option 1									3	2	1	3	2	1	3	2	1	
(OR) Option 2																		<input type="checkbox"/>
(OR) Option 3																		<input type="checkbox"/>

Bid Options	No. of Equity Shares Bid (Bids must be in multiples of Bid Lot as advertised)									Price per Equity Share (₹) (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			(Please ✓ tick)
Option 1									3	2	1	3	2	1	3	2	1	
(OR) Option 2																		<input type="checkbox"/>
(OR) Option 3																		<input type="checkbox"/>

6. PAYMENT DETAILS [IN CAPITAL LETTERS]		PAYMENT OPTION : FULL PAYMENT <input checked="" type="checkbox"/>
Amount blocked (₹ in figures)	_____	(₹ in words) _____
ASBA	_____	
Bank A/c No.	_____	
Bank Name & Branch	_____	
Bank Reference Number	_____	

I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS COMMON 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 OVERLEAF. I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THIS COMMON BID CUM APPLICATION FORM GIVEN OVERLEAF.

7A. SIGNATURE OF SOLE / FIRST BIDDER	7B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS)	7C. MEMBERS OF THE SYNDICATE / SUB-SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA / AGENT STAMP (Acknowledging upload of Bid in Stock Exchanges system)
Date : _____, 2025	I/We authorise the SCSB to do all acts as are necessary to make the application in the Issue. 1) _____ 2) _____ 3) _____	

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SYNDICATE ASBA FORM



GUJARAT KIDNEY AND SUPER
 SPECIALITY LIMITED
 BID REVISION FORM -
 INITIAL PUBLIC OFFER - R

Acknowledgement Slip for
 Members of the Syndicate / Sub-Syndicate
 Member / Registered Broker /
 CDP / RTA / Agents

Bid cum
 Application
 Form No.

DP ID / CL ID	_____	PAN of Sole / First Bidder	_____
Additional Amount Blocked (₹ in figures)	_____	ASBA Bank A/c No.	_____
Bank Name & Branch	_____		
Received from Mr./Ms./M/s.	_____		
Telephone / Mobile	_____	Email	_____
STAMP & SIGNATURE OF SCSB BRANCH / MEMBERS OF THE SYNDICATE / SUB-SYNDICATE MEMBER / REGISTERED BROKER / CDP / RTA / AGENT			

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SYNDICATE ASBA FORM

Stamp & Signature of Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agents	Name of Sole / First Bidder
Option 1	_____
Option 2	_____
Option 3	_____
No. of Equity Shares	_____
Bid Price (₹)	_____
Additional Amount Blocked (₹ in figures)	_____
ASBA Bank A/c No.	_____
Bank Name & Branch	_____
Important Note : Application made using third party ASBA Bank A/c are liable to be rejected.	
Acknowledgement Slip for Bidder	
Bid cum Application Form No.	_____