K SRINATH REDDY
PRESIDENT, PUBLIC HEALTH FOUNDATION OF INDIA (PHFI)

If you take the Sustainable Development Goals, most of the goals will have to be looked at from the prism of how migrants have been affected, whether it is poverty, hunger, health, education or gender... most of them have been violated.

UMA MAHADEVAN
PRINCIPAL SECRETARY, RURAL DEVELOPMENT AND PANCHAYAT RAJ, GOVERNMENT OF KARNATAKA

Until we achieve a satisfactory and robust digital solution, we should look at the problem that we have today – the lack of documentation. Why should we not give poor people access to their own health documentation?

THIRD EDITION: MIGRATION AND HEALTHCARE

'Reclaiming of trust among the migrant population is important'

Moderated by Deputy Associate Editor Udit Misra, this edition had panelists discuss healthcare provisions for migrants, the need for community-based health services and universal health coverage

OPENING KEYNOTE BY **AJOY MEHTA**
CHAIRMAN, MAHARERA, FORMER CHIEF SECRETARY OF MAHARASHTRA AND FORMER MUNICIPAL COMMISSIONER, MUMBAI

When you look at the health structure in India, most of it is vertically driven. But in these verticals, do we have a common thread running for a migrant who will have special needs and certain disabilities while he is approaching the system? We must have an overarching policy that punctures into each vertical and has a subset which deals with migrants.

SHILPA KUMAR
PARTNER, OMIDYAR NETWORK INDIA

Healthcare is a government monopoly, especially with the demographic we're trying to reach, and therefore, how do you overcome the fear psychosis even before you actually enable physical access and build trust in the system along with information about the nearest healthcare centres.

On need for policy interventions

AJOY MEHTA: What are the kind of policy interventions that we are looking at when we look at the health of migrants? First and foremost, let us not look at it as an enforcement issue or demographic danger. It is a human problem that needs to be dealt with compassion. Mumbai provides free healthcare in its corporation hospitals, which are well stocked in terms of human resource and equipment, but how many migrants know that medical care here is free? Even if they knew, how many migrants would walk into a municipal hospital and demand the service?

On gender specific issues

DR VANDANA PRASAD: Single-person migration is mostly male, but we have women who come as construction workers, teachers and nurses for the rest of their families. So the economic distress has a strong kind of feminisation to it. That has also translated into health issues because we know that malnutrition and anaemia amongst women are very high in India. Also, when migrants went back home, in many places they were welcomed, and panchayats made efforts to take them back. In many places, it was the opposite. So arranging for community-based facilities for quarantine, isolation, particularly with respect to migrants who are coming back, is important.

On the alienation of migrants

DR PAVITRA MOHAN: What we were seeing (last March) was not so much affected by Covid, but was related to the closure of all health services, absence of transportation, an acute shortage of food, which led to an increase in diseases like tuberculosis. Government services were focused either on Covid or nothing, and because of that childbirth significantly increased at home, leading to an increased risk of maternal deaths, etc.

In some areas, we saw what is known as a syndemic, where Covid was there, but it was also associated with a sharp increase in tuberculosis. In high migration areas, the malaria epidemic also started rising with very limited access to care.

In villages, we saw a one-and-a-half times increase in malnutrition levels among children.

For the next several months, when Covid, even in the cities, declined before the second wave, one of the things that was a remnant of the first wave was the way migrants were treated when they returned. In general, they don't feel assimilated in the cities. But during this time, they felt further alienated. That had a huge impact before the second wave, when immunisation was being promoted. That alienation from the system led to a lot of distrust and failure to accept vaccines. Reclaiming of trust among the migrant population is extremely important.

On community participation

UMA MAHADEVAN: We've been talking about community-based healthcare services. My team has created a platform for a pandemic response, connecting requests for help with the offices of support, mapping of all the government facilities, service delivery units, nearest *anganwadi*, nearest Primary Health Center, post office, bank branch, police station, Indra canteens. It's possible to connect with nearby civil society groups who may be able to help. It should be doable and in (different) languages. We can have call centres and migrant resource centres and can give welcome kits to all migrants with details of the nearest services.

On universal health coverage

K Srinath REDDY: It's not really useful for us to say that we should only examine what happened to them (migrants) during the Covid period. That was an acute exacerbation of long-standing neglect. There are a number of sections of our population who are actually deprived of essential health services, in terms of accessibility, appropriate care and affordability. That is why we call for universal health coverage, not merely to protect human productivity, which seems to be the preoccupation of those who look at migrants as a human resource, but also looking at it as an essential human right.

On the need for better living conditions

DR PAVITRA MOHAN: Living conditions are one of the very central determinants of the health of the migrants. You cannot talk of health if 50 people are living in a room without water, without a toilet, without ventilation. In times of Covid, we have understood the value of ventilation. But, before that, a lot of them were suffering from tuberculosis. Maybe, subsequently, we can think of what are the policy ways to promote safe, secure and healthy housing. Most developed countries have invested in safe housing for migrants and for the population in the cities and that has been central to how public health developed. The second is working conditions. We see so many cases of silicosis in south Rajasthan, where people are dying in their 30s and 40s because they have been involved in stone carving or mining.

The third is access to healthcare. It is not portability alone because, as a citizen of the country, health is a fundamental right. Ideally, you should not need to carry anything. The policy should be towards universalising access to healthcare for migrants, irrespective of whether the documentation is there or not.

DR PAVITRA MOHAN
DIRECTOR – HEALTH SERVICES, AAJEEVIKA BUREAU, AND CO-FOUNDER, BASIC HEALTH CARE SERVICES

Transiting poses a huge challenge, both in terms of safety and in terms of contracting diseases like Covid on the way. It was one of the contributing factors to the flaring up of Covid in the second phase.

DR VANDANA PRASAD
FOUNDER SECRETARY, PUBLIC HEALTH RESOURCE NETWORK (PHRN)

There is not only the issue of invisibility when we speak of migrants, there is also sequestration and pseudo-private spaces... Even when we deal with agencies such as the National Human Rights Commission, they feel that. The ministry also often says that we cannot go into private zones and regulate or monitor things or offer services.

INDO TECH

INDO-TECH TRANSFORMERS LIMITED
CIN: L29113TN1992PLC022011
Regd. Office : Survey No. 153-210, Illuppapattu Village, Near Rajakulam, Kancheepuram (Dist.) Tamilnadu - 631561. Tel: +91 44 30289854
Email: investor@indo-tech.com; Website: www.indo-tech.com

STATEMENT OF AUDITED FINANCIAL RESULTS FOR THE QUARTER AND YEAR ENDED MARCH 31, 2021

(Rs. in Lakhs)

PARTICULARS	Quarter ended		Year ended	
	31-Mar-21	31-Mar-20	31-Mar-21	31-Mar-20
	(Audited)	(Audited)	(Audited)	(Audited)
Total income from Operations	9,681	3,656	20,600	20,533
Net Profit / (Loss) for the period (before Tax, Exceptional and/or Extraordinary items)	1,373	(103)	636	10
Net Profit / (Loss) for the period before Tax (after Exceptional and/or Extraordinary items)	1,373	(103)	636	10
Net Profit / (Loss) for the period after Tax (after Exceptional and/or Extraordinary items)	1,366	(103)	629	192
Total Comprehensive Income for the period [Comprising Profit/(Loss) for the period (after tax) and other Comprehensive Income (after tax)]	1,362	(111)	671	136
Paid-up equity share capital (face value of Rs.10 each)	1,062	1,062	1,062	1,062
Earnings per share (EPS) (of Rs.10 each) (for continuing and discontinued operations) Basic and Diluted	12.87	(0.97)	5.92	1.81

1. The above is an extract of the detailed format of Audited Financial Results for the Quarter/Year ended **March 31, 2021** filed with the Stock Exchanges under Regulation 33 of the SEBI (Listing and other Disclosure Requirements) Regulations 2015. The full format of the Financial Results are available on the Company's website at www.indo-tech.com and on the website of the Stock Exchanges at www.bseindia.com and www.nseindia.com.

For INDO-TECH TRANSFORMERS LIMITED
Mr. Shridhar Gokhale
Director
DIN : 08349732

Place : Kancheepuram
Date : June 22, 2021

BSNL Connecting India Faster

BHARAT SANCHAR NIGAM LIMITED
(A GOVT OF INDIA ENTERPRISE)
CIN : U74899DL2000GOI107739
Corp and Registered Office: Bharat Sanchar Bhawan
HC Mathur Lane, Janpath, New Delhi -110001
Tel No.: 011-23555395 FAX: 011-23553389
Website: www.bsnl.co.in
mail id: jp_chowdhary@bsnl.co.in

EXTRACT OF STANDALONE & CONSOLIDATED AUDITED FINANCIAL RESULTS FOR THE YEAR ENDED 31/03/2021

(Rs. In lacs)

	Particulars	STANDALONE		CONSOLIDATED	
		Year Ended 31/03/2021 AUDITED	Year Ended 31/03/2020 AUDITED	Year Ended 31/03/2021 AUDITED	Year Ended 31/03/2020 AUDITED
1	Total Income from Operations	18,59,481	18,90,656	18,59,512	18,90,656
2	Net Profit/ (Loss) for the period before exceptional items & tax	(7,44,112)	(15,49,952)	(7,44,111)	(15,49,958)
3	Net Profit/ (Loss) for the period before Tax (after exceptional items)	(7,44,112)	(15,49,952)	(7,44,111)	(15,49,958)
4	Net Profit/ (Loss) for the period after Tax	(7,44,112)	(15,49,952)	(7,44,111)	(15,49,958)
5	Total Comprehensive Income for the period (Comprising net profit/ (loss) after tax and after comprehensive income after tax)	(7,45,301)	(15,59,169)	(7,45,300)	(15,59,175)
6	Paid up Equity Share Capital	5,00,000	5,00,000	5,00,000	5,00,000
7	Other Equity (excluding Revaluation Reserves)	46,68,962	54,14,265	46,68,680	54,13,982
8	Net Worth	51,68,962	59,14,265	51,68,680	59,13,982
9	Paid up Debt Capital/Outstanding Debt	27,03,360	21,87,474	27,03,360	21,87,474
10	Outstanding Redeemeable Preference shares	7,50,000	7,50,000	7,50,000	7,50,000
11	Debt Equity Ratio	0.73	0.53	0.73	0.53
12	Earnings Per Share (of Rs. 10 each) for continuing and discontinued operations-(not annualised)				
	1. Basic :	(14.88)	(31.00)	(14.88)	(31.00)
	2. Diluted :	(14.88)	(31.00)	(14.88)	(31.00)
13	Debt Service Coverage Ratio	(0.47)	(1.47)	(0.47)	(1.47)
14	Interest Service Coverage Ratio	0.46	(3.46)	0.46	(3.46)
15	Capital Redemption Reserve	NA	NA	NA	NA
16	Debenture Redemption Reserve	Nil	NA	Nil	NA

Note: 1. The above is an extract of the detailed format of Financial Results filed with the Stock Exchanges under Regulation 52 of the SEBI (Listing and Other Disclosure Requirements) Regulations, 2015. The full format of the Yearly Results are available on the website of the company at www.bsnl.co.in and on the Stock Exchange websites at www.bseindia.com

2. The above results have been reviewed and recommended for adoption by the Audit Committee in their meeting held on 22/06/2021 and approved by the Board of Directors of the company at their meeting held on the same date.

3. The auditors of the company have carried out audit of the above financial results for the year ended 31/3/2021.

4. The company has prepared these financials results in accordance with the Companies (Indian Accounting Standards) Rules 2015 prescribed as under section 133 of the Companies Act,2013.

On behalf of Board

Place : New Delhi
Date : 23.06.2021

(Yojana Das)
Director (Finance)
DIN: 08987456

(P.K. Purwar)
Chairman and Managing Director
DIN: 06619060

TPG-backed online pharmacy may seek fund at $4 bn value

API HOLDINGS IS weighing a new funding round that could value the owner of India's largest online pharmacy chain at about $4 billion, according to people familiar with the matter.

The company is considering raising about $300 million and its existing investors including TPG Capital and Temasek Holdings could participate, said the people, who asked not to be identified as the discussions are private.

API, which owns India's first e-pharmacy unicorn PharmEasy, intends to use the proceeds for potential acquisitions particularly in the diagnostic area, one of the people said. A new round would mark the second fundraising by API Holdings within a few months after securing about $350 million in April.

Deliberations are ongoing and details of the fundraising could still change, the people said. Siddharth Shah, API's co-founder and chief executive officer, didn't respond to messages for comment, while representatives for Temasek and TPG declined to comment.

—BLOOMBERG

Bolo Indya removed from Google Playstore

GOOGLE HAS REMOVED indigenous social media app Bolo Indya from Playstore on a copyright complaint made by music company T-Series. Super Cassettes Industries, which operates under the brand name T-Series, has served an infringement notice to social media and video sharing platforms about a year ago to pay around ₹3.5 crore in damages from using its copyrighted contents. While most of the companies have settled the row with T-Series, Bolo Indya is yet to come to terms with the music company. **—PTI**

Aster DM Healthcare Limited
CIN : L85110KA2008PLC147259
Registered office : No.1785, Sarjapur Road, Sector -1, HSR Layout, Ward No.174, Agara Extension, Bangalore-560102, Karnataka, India. Tel: +91 484 6699999 Email:cs@asterdmhealthcare.com Website: www.asterdmhealthcare.com

STATEMENT OF AUDITED FINANCIAL RESULTS FOR THE QUARTER AND YEAR ENDED MARCH 31, 2021
(Amount in INR crores except per share data)

Particulars	Consolidated					Standalone				
	Quarter ended			Year ended		Quarter ended			Year ended	
	31-Mar-21	31-Dec-20	31-Mar-20	31-Mar-21	31-Mar-20	31-Mar-21	31-Dec-20	31-Mar-20	31-Mar-21	31-Mar-20
	(Audited)	(Unaudited)	(Audited)	(Audited)	(Audited)	(Audited)	(Unaudited)	(Audited)	(Audited)	(Audited)
Total income	2,420.69	2,233.31	2,306.92	8,658.40	8,689.75	240.82	221.72	209.73	768.17	874.93
Net profit/ (loss) before tax	121.97	115.23	146.26	205.05	330.04	(13.50)	(7.52)	0.33	(68.04)	64.61
Net profit/ (loss) after tax	116.72	107.45	146.31	177.83	314.66	(14.24)	(7.52)	0.20	(68.78)	60.61
Total comprehensive income/ (loss)	109.28	54.68	242.90	128.12	459.27	(14.23)	(7.52)	(0.14)	(68.77)	60.36
Equity share capital	497.04	497.02	496.80	497.04	496.80	497.04	497.02	496.80	497.04	496.80
Other equity	-	-	-	2,875.42	2,775.34	-	-	-	2,367.07	2,433.80
Earnings per share (Face value of INR 10 each)	Not Annualised	Not Annualised	Not Annualised	Annualised	Annualised	Not Annualised	Not Annualised	Not Annualised	Annualised	Annualised
Basic	2.12	1.86	2.61	2.97	5.51	(0.29)	(0.15)	0.01	(1.38)	1.21
Diluted	2.12	1.86	2.61	2.97	5.50	(0.29)	(0.15)	0.01	(1.38)	1.21

The audited consolidated and standalone financial results of the Company for the quarter and year ended March 31, 2021 have been reviewed by the Audit Committee on June 22, 2021 and approved by the Board of Directors at their meeting held on June 22, 2021.
The above is an extract of the detailed format of quarterly financial results filed with the Stock Exchanges under Regulation 33 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015. The full format of the quarterly financial statements is made available on the Company's website www.asterdmhealthcare.com/investors and stock exchange website BSE https://www.bseindia.com/ and NSE https://www.nseindia.com/
The Statement has been subjected to audit by Deloitte Haskins & Sells, the statutory auditor of the Company. The audit report of the auditor is unmodified.

For Aster DM Healthcare Limited
Sd/-
Dr. Azad Moopen,
Chairman and Managing Director
DIN: 00159403

Place : Dubai
Date : June 22, 2021

LAKSHMI AUTOMATIC LOOM WORKS LIMITED
LALW
Regd. Office : 686, Avanashi Road, Coimbatore - 641 037
CIN : L29269TZ1973PLC000680 Website : www.lakshmiautomatic.com
Audited Financial Results (Standalone) for the Quarter and Year Ended 31-03-2021
(₹ in Lakhs)

Sl. No.	Particulars	Quarter Ended			Year Ended	
		31.03.2021 (Audited)	31.12.2020 (Unaudited)	31.03.2020 (Audited)	31.03.2021 (Audited)	31.03.2020 (Audited)
1.	Total Income	323.07	299.01	267.73	1134.76	1328.46
2.	Net Profit / (Loss) for the period (before Exceptional Items and Tax)	86.05	102.19	58.21	338.56	436.48
3.	Net Profit / (Loss) for the period before Tax (after Exceptional Items)	86.05	102.19	58.21	338.56	436.48
4.	Net Profit / (Loss) for the period (after Exceptional Items and Tax)	67.96	77.49	39.46	253.81	334.72
5.	Total Comprehensive Income for the period [(Comprising profit / (Loss) for the period) (after Tax) and other Comprehensive Income (after Tax)]	63.85	78.01	31.26	251.27	328.05
6.	Equity Share Capital (Face value ₹10/- each)	668.75	668.75	668.75	668.75	668.75
7.	Reserves(excluding revaluation reserve as per Balance Sheet of previous accounting year)	-	-	-	938.18	686.91
8.	Earnings Per Share (EPS) (Face value ₹10/- per share before reverse split) (see Note No. 2)					
	a. Basic (in ₹)	1.02	1.16	0.59	3.80	5.04
	b. Diluted (in ₹)	1.02	1.16	0.59	3.80	5.04
	Earnings Per Share (EPS) (Face value ₹100/- per share after reverse split) (see Note No. 2)					
	a. Basic (in ₹)	10.20	11.60	5.90	37.95	50.37
	b. Diluted (in ₹)	10.20	11.60	5.90	37.95	50.37

Notes : 1. The above is the extract of the detailed format of Audited Quarterly and Annual Financial Results filed with the Stock Exchange under Regulation 33 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015. The full format of the Audited Quarterly and Annual Financial Results are available on the Stock Exchange website (www.bseindia.com) and the website of the Company (www.lakshmiautomatic.com)
2. The Company at its Extra-ordinary General Meeting of the Shareholders held on 24th day of March, 2021 has resolved, subject to approvals, consents, permissions and sanctions, if any, required from any authority to consolidate 10 (Ten) Equity Shares of ₹10/- each into 1 (One) Equity Share of ₹100/- each fully paid up with effect from the 'Record date' ie 05.05.2021 and the allotment of the consolidated shares has been completed on 07.05.2021 after obtaining relevant approvals. Earnings per Share has accordingly been calculated based on new number of shares for all the periods presented.

Coimbatore
23.06.2021

For **LAKSHMI AUTOMATIC LOOM WORKS LTD**
Chairman