

ND/SY/ 3505

October 07, 2021

Bombay Stock Exchange Limited
New Trading Ring,
Rotunda Building, P J Towers, Dalal
Street, Fort Mumbai-400001
Scrip Code: 500097

National Stock Exchange of India Limited
“Exchange Plaza”, Plot No. C-1, Block G
Bandra – Kurla Complex, Bandra (East),
Mumbai – 400 051
Symbol: DALMIASUG

Re: Newspaper Advertisement regarding Notice of meeting of Equity Shareholders, Secured Creditors and Unsecured Creditors.

Dear Sir(s),

Pursuant to Regulation 30 of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, attached is a copy of the newspaper advertisement regarding notice of separate meetings of the Equity Shareholders, Secured Creditors and Unsecured Creditors. The advertisement has been published on October 07, 2021 in Business Standard (an English newspaper having country-wide circulation) and Makkal Kural (a Tamil newspaper having wide circulation in Tiruchirapalli, Tamil Nadu, where registered office of the Company is situated).

The above information will also be made available on the website of the Company www.dalmiasugar.com.

Thanking You,

Yours faithfully,

For **Dalmia Bharat Sugar and Industries Limited**

Aashhima V Khanna


Aashhima V Khanna
Company Secretary
Membership No.: A34517

Covid-19 vaccine needs an injection of pace

The inoculation programme may suffer from a syringe shortage

SOHINI DAS
Mumbai, 6 October

As the world's largest Covid-19 vaccination programme gathers pace, demand for syringes is in danger of overshooting supply. Anticipating a demand-supply mismatch, the Directorate General of Foreign Trade put curbs on the export of syringes and needles this Monday.

India needs around 300 million syringes to inoculate its children annually. But it needs close to that number every month for the Covid-19 vaccination drive.

Syringe producers, therefore, need to inject some pace to keep up with this demand. Vaccine availability in India surpasses the production rate of auto-disable (AD) syringes, and buffer stocks were inadequately created, Rajiv Nath, chairman and managing director of Hindustan Syringes and Medical Devices (HMD), one of India's largest syringe manufacturers, said.

Consider this: From October, the world's largest vaccine maker and the biggest contributor to India's Covid-19 vaccination drive, Serum Institute of India (SII), is targeting the manufacture of 200 million doses of Covishield every month. HMD produces 90 million AD syringes a month. AD syringes are designed to prevent reuse, and are used primarily by governments and global non-profits for vaccination drives.

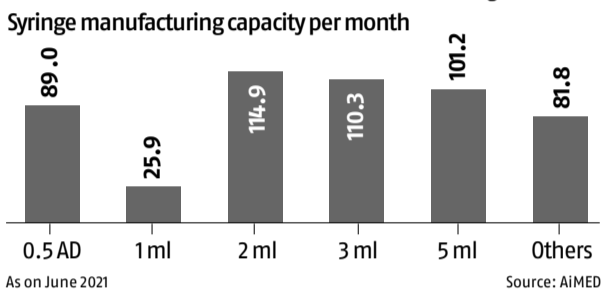
How has this shortage been created? Industry sources said the government has not indicated long-term demand to the makers well in advance. For instance, Nath pointed out, the Government of India's order with HMD for 2022 is only for 75 million AD syringes as of now. "We need more clarity if we need to allocate 300 million or 500 million AD syringes for next year. If not India, then we need to find international buyers," he added.

Yet, the ramp-up of the Covid-19 vaccination programme was planned well in advance, and domestic syringe makers also expanded capacities over the last one year.

HMD, which makes the Dispovan brand, has already doubled its AD syringe capacity from 500 million a year to a billion syringes now. Its overall capacity has increased from 2.4 billion syringes a year (including disposable ones) to 3 billion now. In June 2020 the capacity was 500 million units of 0.5 ml AD syringes. By March 2022, HMD aims to ramp up AD syringe capacity to 1.25 bil-



SHOOTING POWER



NEEDLE NEEDS

■ Syringe demand is experiencing a seasonal spike with rising dengue and typhoid cases

■ Demand for disposable syringes is high, but expected to taper off by November

■ Last fiscal India exported syringes worth

\$45 million, and between April and July this year, industry exports stood at \$17.37 million

■ As of now, domestic market consumes a bulk of the production of key companies

■ The industry body of syringe makers has urged the govt to lift restriction on non-Covid-19 sizes of syringes

lion, and disposable syringe capacity to 2 billion annually, taking its total syringe capacity to 3.5 billion a year.

HMD, which has its plant in Faridabad, Haryana, is also adding a new plant to make steel tubings and canulae, components for making needles. The firm has invested ₹100 crore in the last one year for this, and plans to put in another ₹50 crore.

But these expansions are clearly not enough to meet immediate needs. Industry sources claim that the Centre is looking to procure around 1 billion syringes between September and December to support the vaccination drive. Anticipating that the supply of AD syringes could be tight, the government has floated tenders to procure even disposable syringes.

Narendra Jain, president

and CEO of Iscon Surgicals, another major syringes maker, explained: "The government is now open to procuring even 1 cc AD syringes apart from the 0.5 ml syringes. Some six or seven players who have a 1 cc product could, thus, participate in tenders. Moreover, low-dead space syringes (which ensure little or no wastage of the dose) are now also being procured by the Centre."

The problem is exacerbated by the fact that the demand for syringes for purposes other than Covid-19 vaccinations has also picked up. Nath said that last year, of the 1.9 billion disposable syringe capacity they had, the utilisation was around 50-60 per cent. Now this has gone up to 100 per cent.

This apart, India's syringe demand is experiencing a sea-

sonal spike with dengue and typhoid cases on the rise. Demand for disposable syringes is, thus, high, but this surge is expected to taper off by November.

That is why the government has taken the precautionary step to curb outbound syringe shipments. Last fiscal India exported syringes worth \$45 million or so, and between April and July this year, industry exports stood at \$17.37 million. Industry sources claim that as vaccine exports are likely to start by the last quarter of the calendar year, international demand for syringes is expected to rise as well.

As of now, the bulk of the production of key companies is consumed by the domestic market. Almost 80 per cent of HMD's production is consumed in India, and the proportion is more or less similar for Iscon.

But the problem of aligning supply with specific demand remains. The industry body of syringe makers — the All India Syringe & Needle Manufacturers Association — has urged the government to lift the restriction on non-Covid-19 sizes of syringes such as those for administering insulin, 5 ml and larger sizes as also the 0.3 ml AD syringes being developed for Pfizer. It further said that at least 50 per cent of the quantity shipped to the country last year during the October-January period should be permitted for export.

The manufacturers' body has also sought information from the health ministry on India's quarterly needs for calendar year 2022. "We can't plan on a two- to four-month horizon," an association representative said. In the immediate term, therefore, the industry awaits a shot of clarity from the government.

Minority-dominated areas score in vaccination in 17 of 27 states

ISHANA GERA
New Delhi, 6 October

Since the central government announced "free for all" vaccines, the pace of vaccination has picked up. In May, India was administering 2 million doses daily; and by September it was recording 79 million daily average doses. The free-for-all vaccination has helped bridge the social divide. A *Business Standard* analysis shows that in 17 of the 27 states for which data is available, districts with a larger share of Muslim population have fully vaccinated more people than those where the minority population is lower than average. For simplicity, the analysis excludes union territories (except Delhi) and six territories where 100 per cent of the population has received the first dose.

Ten states, however, still show a low vaccination trend for districts where the minority population is more than the average. In these areas, districts with less minority population have performed better. The analysis uses Census 2011 data to calculate the average minority population across each district. Karnataka, Kerala, Assam, Bihar, Jharkhand, Maharashtra and West Bengal are some states where districts with more-than-average Muslim population have a lower number of fully vaccinated people. In most of these states, districts with a more-than-average Christian population have a higher proportion of fully vaccinated population.

Though the reasons for this are not known, education could be one. Census 2011 data shows the Christian pop-

ulation to be more educated than the Muslim. In Gujarat, however, Muslim-dominated districts performed better than those dominated by Christians.

When it came to the first dose, 19 states administered more doses in districts where the Muslim population is higher than average. Analysis also shows that 17 states scored higher in administering the first dose in districts with a higher-than-average Christian population. For instance, when respect to the first dose, both Muslim- and Christian-dominated districts in Kerala performed better than areas where the population of minorities was lower than average. Maharashtra and Karnataka seem to have corrected this social divide as well. Gujarat, Jharkhand, Assam and Bihar still remain among the few states where areas with more-than-average minority population are less vaccinated than areas with less-than-average minority population.

So, is there a strong correlation between religion and vaccination? Most states do not exhibit this trend, but the analysis shows a clear pattern for some. Haryana, for instance, shows a positive correlation between the proportion of Christians in the population and fully vaccinated people — higher the number of Christians, higher the number of fully vaccinated people. In Gujarat, the converse is true. Karnataka, Kerala, UP and Maharashtra exhibit a positive correlation concerning the Christian population. For the Muslim population, Kerala and Jharkhand show a negative correlation for fully vaccinated, while MP, Tamil Nadu and Telangana show a positive correlation.

MUSLIM-DOMINATED DISTRICTS ARE WITNESSING RISE IN VACCINATION

Fully vaccinated population as % of the total population

	More than state's average*	Less than state's average*	Overall vaccination in the state
*Muslim population			
Andhra Pradesh	25.8	23.3	24.5
Arunachal Pradesh	33.3	21.3	26.5
Assam	13.5	17.1	15.5
Bihar	8.2	8.7	8.5
Chhattisgarh	10.5	18.6	17.8
Delhi	36.2	29.9	32.0
Gujarat	28.5	24.5	26.2
Haryana	27.2	18.6	21.2
Jammu and Kashmir	28.2	23.6	26.3
Jharkhand	9.4	11.6	10.6
Karnataka	21.5	23.3	22.3
Kerala	26.9	32.1	29.8
Madhya Pradesh	21.5	14.3	16.9
Maharashtra	15.5	18.2	16.8
Manipur	18.2	12.1	14.1
Meghalaya	32.1	12.2	15.5
Mizoram	24.2	38.7	35.1
Nagaland	18.5	13.8	14.7
Odisha	20.4	13.3	15.9
Punjab	16.3	14.6	15.2
Rajasthan	20.5	17.7	18.9
Tamil Nadu	16.0	11.1	12.9
Telangana	21.7	13.7	15.3
Tripura	39.8	33.8	36.8
Uttar Pradesh	9.8	8.7	9.1
Uttarakhand	26.7	28.7	28.1
West Bengal	13.0	18.7	16.0

Census 2011 data is used to calculate the average minority population across states. The analysis excludes union territories (except Delhi) and six territories where 100 per cent of the population has received the first dose. Census 2011 data is used to calculate the average minority

FORM NO. CAA. 2 [Pursuant to Section 230(3) and rule 6 and 7] CA/52/CAA/2021

In the matter of the Companies Act, 2013
And
In the matter of Sections 230 to 232 and other applicable provisions of the Companies Act, 2013
And
In the matter of Scheme of Amalgamation between Himshikhar Investment Limited and Dalmia Bharat Sugar and Industries Limited
And
their respective shareholders and creditors

Dalmia Bharat Sugar and Industries Limited
A Company incorporated under the Companies Act, 1913, having its Registered Office at Dalmiapuram, Dist. Tiruchirappalli, Tamil Nadu-621651.

... Transferee Company

Notice and Advertisement of notice of the meeting of Equity Shareholders, Secured Creditors and Unsecured Creditors

Notice is hereby given that by an order pronounced on September 22nd 2021, the Chennai Bench of the National Company Law Tribunal ("Tribunal") has directed separate meetings to be held of the Equity Shareholders, Secured Creditors and Unsecured Creditors of Dalmia Bharat Sugar and Industries Limited for the purpose of considering, and if thought fit, approving with or without modification(s), the Scheme of Amalgamation between Himshikhar Investment Limited and Dalmia Bharat Sugar and Industries Limited and their respective shareholders and creditors ('the Scheme' or 'this Scheme' or 'Scheme'). In pursuance of the directions given in the said Order and as directed therein, further notice is hereby given that separate meetings of the Equity Shareholders, Secured Creditors and Unsecured Creditors of the Transferee Company will be held as under at which time the respective Equity Shareholders, Secured Creditors and Unsecured Creditors (as may be applicable) are requested to attend:

Sr. No	Meeting of:	Date	Mode of voting	Time	Quorum
1.	Equity shareholders	November 10, 2021	E-voting	11.00 a.m	200 equity shareholders
2.	Secured Creditors			2.00 p.m	2 Secured Creditors
3.	Unsecured Creditors			3.00 p.m	150 Unsecured Creditors

In case the quorum is not in place at the designated time, the meeting shall be adjourned by half an hour and thereafter, the Equity Shareholders, Secured Creditors and Unsecured Creditors (as may be applicable) present and voting shall be deemed to constitute the quorum.

The meetings will be held in compliance with the Ministry of Corporate Affairs ("MCA") General Circular(s) no(s). 14, 17 and 20 dated April 08, 2020, April 13, 2020 and May 05, 2020, respectively read with MCA General Circular no. 02 dated January 13, 2021 and all other applicable provisions of laws.

The Transferee Company is providing the facility of e-voting to its Equity shareholders, Secured Creditors and Unsecured Creditors, details of which are given below:

Particulars	Equity shareholders	Secured Creditors	Unsecured Creditors
Date of completion of electronic dispatch	Monday, October 04, 2021	Monday, October 04, 2021	Monday, October 04, 2021
Date of completion of physical dispatch	Wednesday, October 06, 2021	Wednesday, October 06, 2021	Wednesday, October 06, 2021
Date and time of commencement of remote e-voting	Friday, November 05, 2021 at 9.00AM	Monday, October 11, 2021 at 9.00AM	Monday, October 11, 2021 at 9.00AM
Date and time of completion of remote e-voting	Tuesday, November 09, 2021 till 5.00PM	Tuesday, November 09, 2021 till 5.00PM	Tuesday, November 09, 2021 till 5.00PM
Cut-off date on which voting will be reckoned	November 04, 2021	July 31, 2021	July 31, 2021

Remote e-voting by electronic mode shall not be allowed beyond 5:00 p.m. IST on November 9, 2021. The Equity shareholders, Secured creditors and Unsecured creditors who have cast their vote through the remote e-voting facility may participate in the meeting but shall not be allowed to vote again at the meeting. Equity shareholder, Secured Creditors and Unsecured Creditors who could not vote through remote e-voting may do so by e-voting at the meeting.

The Equity shareholders, Secured creditors and Unsecured Creditors having casted the vote on a resolution once shall not be allowed to change it subsequently or cast the vote again.

Equity shareholders, Secured creditors and Unsecured Creditors who have not registered their e-mail address may temporarily get their e-mail address and mobile number registered with the Company's RTA, by clicking the link: <https://karisma.kfintech.com/emailreg>. In case of any queries, Equity shareholders, Secured creditors and Unsecured Creditors may write to einward.ris@kfintech.com.

Any person holding shares in physical form and non-individual shareholders, who acquires shares of the Company and becomes a Shareholder of the Company after sending of the Notice and holding shares as of the cut-off date, may obtain the login ID and password by sending a request at evoting@kfintech.com. However, if he / she is already registered with Kfintech for remote e-Voting then he /she can use his / her existing User ID and password for casting the vote.

The Notice of the meeting, along with the procedure for remote e-voting, has been sent to all the Equity shareholders, Secured creditors and Unsecured Creditors electronically and physically (for cases where email IDs are not available) and the same is also available on the website of the Company at www.dalmiasugar.com and on the website of the RTA at <https://evoting.kfintech.com>

For any further queries/grievances connected with e-voting, you may refer frequently asked Question (FAQs) and e-voting User Manual for Shareholders at <https://evoting.kfintech.com> or contact M/s KFin Technologies Private Limited, at Tel No. 18003454001 (toll free) or Ms. Aashima V Khanna, Company Secretary, at 11th & 12th Floor, Hansalaya Building, 15, Barakhamba Road, New Delhi-110001, at Tel No.: 011-23465100 Email: corp.sec@dalmiabharat.com; Khanna.aashima@dalmiasugar.com

Copies of the Scheme and of the Statement under Section 230 and other applicable provisions of the Companies Act, 2013 read with Companies (Compromises, Arrangements and Amalgamations) Rules, 2016, can be obtained free of charge on any working day (except Saturdays) prior to the date of the meeting at the Registered Office of the Transferee Company at Dalmiapuram, Dist. Tiruchirappalli, Tamil Nadu-621651 ("Registered Office") and/or at the office of its Advocate, Mr. Pawan Jhabak having his office at New No.115, Luz Church Road, Mylapore, Chennai – 600004.

The NCLT has appointed, the undersigned, S. Vijayaraghavan, as the Chairperson of the said meeting and the alternate Chairperson appointed for the above meetings shall be the Managing Director of the Company. Mr. S. Venkateswaran has been appointed as the scrutiner for the above meetings.

The above-mentioned Scheme, if approved in the respective meetings, will be subject to the subsequent approval of the Tribunal and any other approvals as may be required.

Dated this 06th day of October, 2021

For Dalmia Bharat Sugar and Industries Limited
Sd/-
S. Vijayaraghavan
Chairperson appointed for the meeting

Health ID — Digital, Secure, Inclusive

R S SHARMA*

The editorial in *Business Standard* dated October 4, 2021, titled "Digital Health ID concerns", seems to be written with incomplete understanding of the architecture and design of the Ayushman Bharat Digital Mission (ABDM). In the spirit of ensuring public awareness and discourse, the National Health Authority (NHA) would like to take the opportunity to help correct some omissions and factual errors that have been made in the editorial. Given the critical importance of health in everyone's lives, we feel it is essential to accurately represent the nature and design of ABDM in public interest.

It is stated in the editorial that the Health ID was assigned to anyone who provided Aadhaar to sign up on CoWIN, by "default". This is unfortunately incorrect. A due process providing information and seeking consent is followed to create Health IDs. First, the purpose is explained in the terms of use while signing up on CoWIN, explicit consent is obtained at the vaccination site, and the sign-up is verified using Aadhaar authentication. Additionally, eight other options for identification are made available other than Aadhaar for registration on the CoWIN portal. This can barely be said to be the consent "taken in fine print". Even then, only a Health ID is assigned (displayed clearly on

their certificate).

In addition, individuals still need to link health records to it. ABDM already offers the ability for users to 'opt-out' of Health ID if they do not wish to use it, which the editorial recommends be provided in the future. Sufficient measures have been put in place that it is not possible for an individual's health ID to be actively used or health records to be linked without their consent. In spite of this design giving control and freedom to the individuals, it is curious to note that the editorial seems to suggest that privacy has been put at risk. That is hardly the case. There is no data or security risk here.

It is also incorrect to state that in the absence of specific personal data protection law, there are concerns

With a federated architecture, no health records will be stored in a central repository, reducing the risk of a single hacked server leading to leakages

about such digital systems. Firstly, the current legal framework as laid out in laws including the IT Act and various judgments of the Supreme Court including the Puttaswamy judgment provides the legal framework to proceed with the development of such a system. Furthermore, additional regulatory framework has been provided through the Health Data Management Policy,

which has been devised after extensive stakeholder consultations. It may be noted that even otherwise many such digital systems, including in the private sector, are smoothly working and delivering desired services to citizens within the

existing framework.

Finally, the decision to use this Health ID or link health records is subject to the discretion of each individual. There is another factual inaccuracy in the fact that "security features of the PHR servers... are quite hazy", and that millions of individuals and multiple agencies seeking this data will expose it to leakages. With a federated architecture, no health records will be stored in a central repository, reducing the risk of a single hacked server leading to leakages.

Further even from such a federated storage, health records will be shared only with the consent of an individual. It is worrying to note that such a critical feature of the architecture has been omitted in the editorial. As has been experienced through Co-WIN, ABDM also embraces inclusivity as a core principle and will endeavour to ensure that beneficiaries in every corner of the country have a choice to join the ecosystem. Those who do not wish to participate in the ecosystem will continue to have unrestricted access to healthcare.

India has beaten expectations time and again with its capability in building population scale systems and processes in various domains, leapfrogging decades of progress in a matter of few years. ABDM holds the potential to empower citizens in accessing health. We, at the NHA, are eager for every individual of the country to share their thoughts, concerns, and aspirations on the mission as we take this vision forward.

*The writer is CEO, National Health Authority

