



BUSINESS PLAN · INDIA

# Ambulance & Medical-Transport Service

*Emergency & non-emergency patient transport - equipped fleet, trained paramedics,  
24x7 dispatch*

HEALTHCARE

AISEVAK.IN · BY ABL DIGITAL TECHNOLOGIES

August 2026

This document is confidential and prepared for planning purposes. All financial figures are illustrative model assumptions for an Indian MSME context and must be validated against live quotes, local rates and professional advice before any investment or borrowing decision.

## 1. Executive Summary

---

This plan sets out an **Ambulance & Medical-Transport Service** in India — a fleet-based business providing emergency (ALS/BLS) & non-emergency patient transport, inter-hospital transfers, event medical cover, and scheduled dialysis/elderly transport, with equipped ambulances, trained paramedics & a 24×7 dispatch. It earns per-trip & per-km charges, hospital/corporate contracts, membership/retainer income, and event cover fees, meeting the large, under-served demand for reliable medical transport.

India has a severe shortage of organised, quality ambulance services relative to need — for emergencies, inter-hospital transfers, and non-emergency medical transport (dialysis, elderly, discharge). Rising healthcare utilisation, an ageing population, hospital tie-ups & PPP/108-type models drive demand. A well-run, reliable, well-equipped service with hospital contracts & efficient fleet utilisation earns steady, contract-anchored revenue.

The promoter — a healthcare/logistics entrepreneur — seeks total funding of **₹40 lakh** for a starting fleet (₹12 lakh promoter + ₹28 lakh vehicle/term finance, eligible under Mudra/CGTMSE & vehicle finance), targeting **₹55 lakh** revenue in Year 1 and **₹1.4 crore** by Year 3. (*Fleet-based, utilisation- & contract-driven medical-transport model.*)

## 2. Business Description, Vision & Legal Structure

---

**Concept:** A reliable, well-equipped ambulance & medical-transport service — emergency & non-emergency — with trained paramedics & 24×7 dispatch.

**Vision:** To be the trusted medical-transport partner for hospitals, patients & communities in the region.

**Mission:** Provide fast, safe, equipped medical transport with trained crew — reliably, 24×7.

### Legal structure options

- **Proprietorship / LLP** — LLP recommended as the fleet & contracts grow.
- **Private Limited / PPP** — for scaling, hospital contracts & government (108/102-type) PPP.

**Regulatory anchor:** ambulance services must meet **vehicle & ambulance-fitment standards (AIS-125), trained EMTs/paramedics, drug & oxygen handling, biomedical-waste, and transport/permits & insurance**; healthcare-transport GST treatment applies (largely exempt for patient transport). Fleet utilisation, response reliability, hospital/corporate contracts, crew training & equipment determine viability; contracts anchor demand.

## 3. Promoter & Ownership

---

Led by a promoter with healthcare, emergency-services or logistics experience. Delivery uses trained EMTs/paramedics, drivers, a 24×7 dispatch team, and a doctor for protocols/medical direction (retained). Year-one ownership rests with the promoter; ownership and profit-sharing are editable inputs.

## 4. Market Analysis — India

---

India's ambulance & medical-transport demand vastly exceeds organised supply — emergencies, inter-hospital transfers, and growing non-emergency transport (dialysis, elderly, discharge). Rising healthcare use, ageing, hospital tie-ups, insurance & PPP models (108/102) drive demand. Quality, reliability & equipped ambulances are under-served. The market rewards reliability, contracts & efficient fleet utilisation.

## Demand drivers

- **Emergency & transfer** demand.
- **Non-emergency transport** (dialysis/elderly/discharge).
- **Ageing & healthcare** utilisation.
- **Hospital & corporate** contracts.
- **Under-served organised** supply.

## Market sizing (illustrative framing)

| Layer        | Definition                        | Indicative scale     |
|--------------|-----------------------------------|----------------------|
| TAM          | Medical-transport demand in India | Very large (deficit) |
| SAM          | Catchment trips & contracts       | Substantial          |
| SOM (Yr 1-3) | Trips/month & contracts           | Scaling fleet        |

## Target segments

- Hospitals (transfer/emergency contracts).
- Patients (emergency & non-emergency).
- Dialysis/elderly scheduled transport.
- Corporates & events (medical cover).

## 5. Competition & Competitive Advantage

**Landscape:** government (108/102) services, hospital-owned ambulances, private operators, and informal providers. The firm competes on reliability, response, equipment, crew, contracts & service.

### The firm's edge

- **Reliable, fast response.**
- **Equipped ambulances (ALS/BLS).**
- **Trained paramedics & protocols.**
- **Hospital & corporate contracts.**
- **24x7 dispatch & service.**

## 6. Services & Revenue Streams

| Stream                           | Model                    | Basis            |
|----------------------------------|--------------------------|------------------|
| Emergency (ALS/BLS) trips        | Per trip + per km        | Premium          |
| Non-emergency transport          | Per trip / scheduled     | Recurring        |
| Inter-hospital transfers         | Per transfer (contract)  | Contract         |
| Hospital/corporate contracts     | Retainer / SLA           | Recurring        |
| Event medical cover & membership | Per event / subscription | Add-on/recurring |

Emergency trips are premium but variable; non-emergency & scheduled transport, hospital/corporate contracts & memberships give recurring, predictable revenue. Fleet utilisation against fixed costs (vehicles, crew) is the decisive economic lever; contracts anchor it.

## 7. Go-to-Market — Marketing & Acquisition

- **Hospital & nursing-home** contracts (transfer/emergency).
- **Dialysis/elderly & discharge** scheduled transport.
- **Corporate & event** medical cover.
- **Local visibility, helpline & digital.**
- **Insurance & membership** tie-ups.

### Approach

Win hospital/corporate contracts & scheduled transport for recurring base → serve emergencies reliably → build reputation & memberships → grow fleet & catchment. Contracts & scheduled transport anchor utilisation; emergencies add premium.

## 8. Operations Plan

- **Fleet:** equipped ALS & BLS ambulances (+ patient-transport vehicles), medical equipment & oxygen.
- **Process:** call/booking → dispatch → crew & ambulance → patient care & transport → handover → billing.
- **Dispatch & tech:** 24×7 dispatch, GPS/fleet tracking, scheduling & records.
- **Crew & protocols:** trained EMTs/paramedics, medical direction, equipment & drug handling, biomedical-waste.
- **Capacity:** trips/ambulance/day; scale by adding ambulances, crew & contracts.

### Service workflow

| Stage     | Activity         | Metric      |
|-----------|------------------|-------------|
| Call      | Booking/dispatch | Response    |
| Respond   | Crew + vehicle   | Time        |
| Transport | Care en route    | Trips       |
| Handover  | Hospital         | Quality     |
| Bill      | Contract/patient | Utilisation |

## 9. Regulatory, Licences & Compliance (India)

- **Ambulance & vehicle standards:** AIS-125 fitment; vehicle registration, permits & insurance; equipment & oxygen norms.
- **Crew & medical:** trained EMTs/paramedics; medical direction/protocols; drug & oxygen handling; biomedical-waste authorisation.
- **Business & tax:** proprietorship/LLP or Pvt Ltd; PAN/TAN; GST (patient transport largely exempt); Udyam (MSME); labour compliance.
- **Contracts & data:** hospital/corporate contracts & SLAs; DPDP-aligned patient-data; safety & liability insurance.

## 10. Organisation & Manpower Plan

| Role                               | Yr 1      | Yr 2      | Yr 3      |
|------------------------------------|-----------|-----------|-----------|
| Promoter / Operations Head         | 1         | 1         | 1         |
| EMTs / paramedics                  | 6         | 12        | 20        |
| Drivers                            | 6         | 12        | 20        |
| Dispatch & coordination            | 3         | 5         | 7         |
| Doctor (medical direction) & admin | 2         | 3         | 4         |
| <b>Total</b>                       | <b>18</b> | <b>33</b> | <b>52</b> |

## 11. Implementation Timeline & Milestones

| Phase    | Timeline  | Milestone                                       |
|----------|-----------|-------------------------------------------------|
| Setup    | Month 0-2 | Ambulances, equipment, licences, crew, dispatch |
| Launch   | Month 2-3 | Service live; first contracts & trips           |
| Traction | Month 3-9 | Contracts & utilisation build; break-even nears |
| Scale    | Year 2    | More ambulances/contracts; memberships          |
| Growth   | Year 3    | Larger fleet; strong contract base              |

## 12. Financial Plan (Illustrative)

All figures are illustrative model assumptions for an Indian context, shown so the promoter can replace them with live rates. They are not projections of guaranteed results. Fleet-based; utilisation & contracts drive economics.

### 12.1 Project cost & means of finance

| Capital requirement                    | ₹                |
|----------------------------------------|------------------|
| Ambulances (ALS/BLS + transport) fleet | 26,00,000        |
| Medical equipment & oxygen             | 6,00,000         |
| Dispatch, GPS & setup                  | 3,00,000         |
| Licences, branding & pre-operative     | 2,00,000         |
| Working-capital buffer                 | 3,00,000         |
| <b>Total project cost</b>              | <b>40,00,000</b> |
| Promoter contribution                  | 12,00,000        |
| Vehicle/term loan (Mudra / CGTMSE)     | 28,00,000        |

## 12.2 Projected Profit & Loss (3 years)

| Particulars                         | Year 1           | Year 2             | Year 3             |
|-------------------------------------|------------------|--------------------|--------------------|
| Emergency & transfer trips          | 28,00,000        | 48,00,000          | 66,00,000          |
| Non-emergency & scheduled transport | 20,00,000        | 40,00,000          | 56,00,000          |
| Contracts, events & membership      | 7,00,000         | 14,00,000          | 18,00,000          |
| <b>Total revenue</b>                | <b>55,00,000</b> | <b>1,02,00,000</b> | <b>1,40,00,000</b> |
| Crew & driver salaries              | 24,00,000        | 44,00,000          | 62,00,000          |
| Fuel, maintenance & consumables     | 14,00,000        | 25,00,000          | 34,00,000          |
| Dispatch, insurance & overheads     | 7,00,000         | 11,00,000          | 15,00,000          |
| Marketing & admin                   | 3,50,000         | 6,00,000           | 8,00,000           |
| Interest on loan                    | 2,80,000         | 2,20,000           | 1,40,000           |
| <b>Total expenses</b>               | <b>51,30,000</b> | <b>88,20,000</b>   | <b>1,20,40,000</b> |
| <b>Net profit (before tax)</b>      | <b>3,70,000</b>  | <b>13,80,000</b>   | <b>19,60,000</b>   |
| Net margin                          | 6.7%             | 13.5%              | 14.0%              |

## 12.3 Unit economics & break-even

- **Per ambulance:** trips × (per-trip + per-km) – (fuel + crew + maintenance + allocated fixed); utilisation drives margin.
- **Contracts & scheduled transport** give base utilisation; emergencies add premium; idle vehicles erode returns.
- **Break-even:** reached around month 6–9 as contracts & utilisation build.

## 12.4 Projected Cash Flow — Year 1 (quarterly, illustrative)

| Particulars (₹)        | Q1              | Q2              | Q3              | Q4              |
|------------------------|-----------------|-----------------|-----------------|-----------------|
| Opening balance        | 3,00,000        | 2,60,000        | 2,80,000        | 3,40,000        |
| Collections            | 10,00,000       | 13,00,000       | 15,00,000       | 17,00,000       |
| Operating outflows     | 9,70,000        | 12,10,000       | 13,70,000       | 15,40,000       |
| Loan EMI               | 70,000          | 70,000          | 70,000          | 70,000          |
| <b>Closing balance</b> | <b>2,60,000</b> | <b>2,80,000</b> | <b>3,40,000</b> | <b>4,30,000</b> |

Contracts & scheduled transport give steady cash; hospital/corporate payments may lag, so contract terms & collection matter. The buffer covers the ramp; utilisation & contracts drive positive cash.

## 12.5 Key Performance Indicators to Monitor

- **Utilisation:** trips/ambulance/day; fleet utilisation %.
- **Response:** response time; reliability; SLA adherence.
- **Economics:** revenue per trip/km; cost per km; contract share.
- **Growth:** contracts; scheduled-transport base; memberships.

## 13. Funding Requirement & Bankability

Total ask: **₹28 lakh vehicle/term finance** against ₹12 lakh promoter contribution — vehicle finance suits the ambulance fleet; eligible under Mudra/CGTMSE. Year-2 net profit ~₹13.8 lakh gives a sound DSCR; hospital/corporate contracts & scheduled-transport recurrence underpin bankability. Contract-anchored utilisation de-risks the fleet finance.

### 13.1 Funding utilisation

| Use of funds                          | ₹                | % of total  |
|---------------------------------------|------------------|-------------|
| Ambulance fleet (ALS/BLS + transport) | 26,00,000        | 65%         |
| Medical equipment & oxygen            | 6,00,000         | 15%         |
| Dispatch, GPS & setup                 | 3,00,000         | 7.5%        |
| Working-capital buffer                | 3,00,000         | 7.5%        |
| Licences, branding & pre-operative    | 2,00,000         | 5%          |
| <b>Total</b>                          | <b>40,00,000</b> | <b>100%</b> |

## 14. Risk Analysis & Mitigation

| Risk                         | Mitigation                                                     |
|------------------------------|----------------------------------------------------------------|
| Low fleet utilisation        | Hospital/corporate contracts; scheduled transport; memberships |
| Crew availability/training   | Trained EMTs; rosters; retention; protocols                    |
| Vehicle downtime/accidents   | Maintenance; insurance; spare vehicles; safety                 |
| Payment/contract delays      | Contract terms; collection discipline; buffer                  |
| Regulatory/quality/liability | AIS-125, protocols, biomedical-waste, insurance                |

## 15. SWOT Analysis

|                                                                                                                  |                                                                                                       |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Strengths</b><br>Under-served demand; contract-anchored recurring revenue; essential service; scalable fleet. | <b>Weaknesses</b><br>Vehicle & crew intensive; utilisation-sensitive; payment lags; safety/liability. |
| <b>Opportunities</b><br>Hospital/corporate contracts; dialysis/elderly transport; PPP (108/102); memberships.    | <b>Threats</b><br>Government/free services; competition; fuel/cost inflation; payment delays.         |

## 16. Recommended AiSevak Tools for This Business

This ambulance service would use AiSevak's Healthcare vertical tools in delivery:

- **Fleet ops:** dispatch/scheduling, GPS/utilisation-tracking, trip-billing and contract-CRM tools.
- **Compliance:** AIS-125/vehicle, crew-training, biomedical-waste and GST tools (with Logistics, Legal & Finance verticals).

- **Practice:** Business Plan, per-trip/utilisation economics and Break-even tools to model the fleet.

## 17. Key Assumptions & Notes

---

- Fleet-based; emergency (premium, variable) + non-emergency/scheduled + contracts/memberships (recurring).
- Utilisation & contracts grow over Years 1-3; scale by adding ambulances & crew.
- Vehicle/term finance ~11% p.a.; AIS-125 & crew standards; patient transport largely GST-exempt.
- Utilisation, response reliability, contracts & crew/equipment are decisive; figures exclude applicable GST.

### ► Use these tools now — free on AiSevak

Every tool referenced in this plan is available on [aisevak.in](https://aisevak.in). Open the [Healthcare toolkit](https://aisevak.in/verticals/healthcare) to browse and use them all at <https://aisevak.in/verticals/healthcare> — or go straight to any specific tool at <https://aisevak.in/service/<tool-name>>. No signup needed to explore; each tool guides you step by step.

---

Prepared by AiSevak.in — a product of ABL Digital Technologies. AI-powered business services for India. This is AI-assisted guidance; figures are illustrative and not a guarantee of results. Verify all numbers, licences and regulatory requirements with a qualified professional before relying on this plan for binding decisions. © 2026 ABL Digital Technologies Private Limited.