



BUSINESS PLAN · INDIA

Multispeciality Clinic / Polyclinic

*Outpatient consultations across specialties with pharmacy & diagnostics — quality
neighbourhood care*

HEALTHCARE

AISEVAK.IN · BY ABL DIGITAL TECHNOLOGIES

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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 a **Multispeciality Clinic / Polyclinic** in India — an outpatient facility offering consultations across specialities (general medicine, paediatrics, gynaecology, orthopaedics, ENT, dermatology, etc.) under one roof, with a pharmacy, basic diagnostics/sample-collection, and minor-procedure capability. It earns consultation fees, pharmacy & diagnostics margins, and procedure charges, providing convenient, quality, affordable outpatient care to a local community.

India's outpatient healthcare demand is vast and growing with rising incomes, health awareness, insurance penetration and an ageing population, yet quality, organised, multispeciality outpatient care remains under-served in many towns & urban neighbourhoods. A well-located, well-run polyclinic with good doctors, service & ancillary revenue (pharmacy/diagnostics) builds steady footfall, recurring patients and healthy margins.

The promoter — a doctor or healthcare entrepreneur — seeks total funding of **₹40 lakh** (₹14 lakh promoter + ₹26 lakh term/equipment finance, eligible under Mudra/CGTMSE, with medical-equipment finance), targeting **₹80 lakh** revenue in Year 1 and **₹1.8 crore** by Year 3. (*Footfall- & ancillary-revenue-driven outpatient model.*)

2. Business Description, Vision & Legal Structure

Concept: A convenient, quality multispeciality outpatient clinic — consultations, pharmacy, diagnostics & minor procedures under one roof for the local community.

Vision: To be the trusted neighbourhood healthcare destination for quality, affordable outpatient care.

Mission: Deliver accessible, quality multispeciality care with good doctors, service & ethics — building lasting patient trust.

Legal structure options

- **Proprietorship / LLP** — LLP recommended (a doctor-promoter or partnership).
- **Private Limited** — for scaling into a chain or larger facility.

Regulatory anchor: a clinic requires **Clinical Establishments Act registration, medical-council-registered doctors, pharmacy & drug licences, biomedical-waste authorisation, and (for diagnostics) NABL-aligned quality**; GST applies on pharmacy/non-clinical (healthcare services are largely GST-exempt). Location, doctor quality, service, ancillary (pharmacy/diagnostics) revenue, and ethical, quality care determine success; empanelment (insurance/Ayushman-Bharat) adds volume.

3. Promoter & Ownership

Led by a promoter (doctor or healthcare entrepreneur). Delivery uses consultant doctors (visiting/retained), nurses, a pharmacist, a lab/sample technician, and front-desk/admin staff. Year-one ownership rests with the promoter; ownership and profit-sharing (and doctor revenue-shares) are editable inputs.

4. Market Analysis — India

India's outpatient care market is large & growing, driven by rising incomes, health awareness, lifestyle diseases, insurance penetration & ageing. Organised, quality multispeciality outpatient care is under-served in many areas versus standalone doctors & large hospitals. Patients value convenience, quality, trust & affordability. Demand is steady & local, favouring well-located, well-run clinics.

Demand drivers

- **Rising incomes & health** awareness.
- **Lifestyle-disease** burden.
- **Insurance penetration** & empanelment.
- **Convenience & one-roof** care.
- **Under-served** organised outpatient care.

Market sizing (illustrative framing)

Layer	Definition	Indicative scale
TAM	Outpatient care demand in India	Very large
SAM	Catchment population around the clinic	Substantial
SOM (Yr 1-3)	Patient visits per day	40 → 100

Target segments

- Local families & individuals.
- Chronic & lifestyle-disease patients.
- Insured & empanelment patients.
- Corporate & preventive health.

5. Competition & Competitive Advantage

Landscape: standalone doctors, other clinics/polyclinics, hospitals' OPDs, and clinic chains. The firm competes on location, doctor quality, range of specialities, service, ancillary convenience & trust.

The firm's edge

- **Multispeciality under one roof.**
- **Good doctors & service.**
- **Pharmacy & diagnostics** convenience.
- **Location & accessibility.**
- **Trust, ethics & empanelment.**

6. Services & Revenue Streams

Stream	Model	Basis
Consultations (multispeciality)	Per consult (fee-share)	₹300-800/consult
In-house pharmacy	Retail margin	15-20%
Diagnostics / sample collection	Test margin / commission	Margin
Minor procedures & dressings	Per procedure	Procedure fee
Health packages & corporate	Package	Bundled

Consultations drive footfall; pharmacy & diagnostics ancillary revenue (often the larger profit contributors) monetise that footfall; procedures & packages add income. Footfall × ancillary-capture is the core economic engine.

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

- **Local visibility & community** outreach.
- **Good doctors & word of mouth.**
- **Digital presence & Google/Maps** (Practo etc.).
- **Insurance & Ayushman-Bharat** empanelment.
- **Health camps & corporate** tie-ups.

Approach

Attract patients with good doctors, location & service → capture ancillary (pharmacy/diagnostics) revenue → build trust & repeat via care quality → grow footfall via empanelment, camps & reputation. Footfall & ancillary capture drive returns.

8. Operations Plan

- **Location:** an accessible ~1,500–2,500 sq ft space in a residential catchment.
- **Setup:** consultation rooms, procedure/dressing room, pharmacy, sample-collection, reception & waiting.
- **Process:** registration → consultation → pharmacy/diagnostics → procedure (if needed) → follow-up; appointment & records systems.
- **Quality & compliance:** qualified doctors/staff, infection control, biomedical-waste, records & ethics.
- **Capacity:** multiple consultation slots/day across specialities; scale by adding specialities, hours & ancillary.

Clinic workflow

Stage	Activity	Metric
Register	Front desk	Footfall
Consult	Doctor	Consults
Ancillary	Pharmacy/lab	Capture %
Procedure	Minor	Add-on
Follow-up	Retention	Repeat

9. Regulatory, Licences & Compliance (India)

- **Clinical Establishments Act** registration; medical-council-registered doctors; qualified staff.
- **Pharmacy & drug licence;** diagnostics quality (NABL-aligned) / tie-up; biomedical-waste authorisation (CPCB/SPCB).
- **Business & tax:** proprietorship/LLP or Pvt Ltd; PAN/TAN; GST (healthcare services largely exempt; pharmacy/non-clinical taxable); Udyam (MSME).
- **Empanelment & data:** insurance/PMJAY empanelment; patient-data (DPDP) & medical-records confidentiality; fire & safety.

10. Organisation & Manpower Plan

Role	Yr 1	Yr 2	Yr 3
Promoter / Medical Director	1	1	1
Consultant doctors (visiting/retained)	5	8	12
Nurses & technicians	3	5	7
Pharmacist & lab	2	3	4
Front-desk & admin	2	3	4
Total	13	20	28

11. Implementation Timeline & Milestones

Phase	Timeline	Milestone
Setup	Month 0-3	Premises, licences, fit-out, doctors, pharmacy
Launch	Month 3-4	Clinic opens; first patients
Traction	Month 4-9	Footfall & ancillary build; break-even nears
Scale	Year 2	More specialities; empanelment; packages
Growth	Year 3	~100 visits/day; strong ancillary & repeat

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. Footfall & ancillary capture drive economics.

12.1 Project cost & means of finance

Capital requirement	₹
Interior fit-out & setup	14,00,000
Medical equipment & furniture	12,00,000
Pharmacy & diagnostics setup	6,00,000
Licences, IT & branding	3,00,000
Working-capital buffer	5,00,000
Total project cost	40,00,000
Promoter contribution	14,00,000
Term/equipment loan (Mudra / CGTMSE)	26,00,000

12.2 Projected Profit & Loss (3 years)

Particulars	Year 1	Year 2	Year 3
Consultation income (net share)	24,00,000	42,00,000	56,00,000
Pharmacy sales	40,00,000	68,00,000	90,00,000
Diagnostics & procedures	16,00,000	28,00,000	34,00,000
Total revenue	80,00,000	1,38,00,000	1,80,00,000
Pharmacy & diagnostics COGS	40,00,000	68,00,000	88,00,000
Doctor fees/shares & salaries	22,00,000	36,00,000	48,00,000
Rent & utilities	6,00,000	7,20,000	8,40,000
Consumables, admin & marketing	6,00,000	10,00,000	13,00,000
Interest on loan	2,60,000	2,00,000	1,30,000
Total expenses	76,60,000	1,23,20,000	1,58,70,000
Net profit (before tax)	3,40,000	14,80,000	21,30,000
Net margin	4.3%	10.7%	11.8%

12.3 Unit economics & break-even

- **Per visit:** consultation share + pharmacy + diagnostics capture; ancillary capture per footfall is the key margin driver.
- **Footfall ramp:** visits/day builds with doctors, reputation & empanelment.
- **Break-even:** reached around month 8–11 as footfall & ancillary build.

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

Particulars (₹)	Q1	Q2	Q3	Q4
Opening balance	5,00,000	3,60,000	3,50,000	3,90,000
Collections	14,00,000	19,00,000	23,00,000	24,00,000
Operating outflows	14,75,000	18,45,000	21,95,000	23,15,000
Loan EMI	65,000	65,000	65,000	65,000
Closing balance	3,60,000	3,50,000	3,90,000	4,10,000

The clinic carries fixed costs (rent, staff) from day one while footfall ramps; ancillary (pharmacy) cash flow is strong once footfall builds. The buffer covers the ramp; empanelment & camps accelerate footfall.

12.5 Key Performance Indicators to Monitor

- **Footfall:** visits/day; new vs. repeat; speciality mix.
- **Ancillary:** pharmacy & diagnostics capture per visit; margins.
- **Quality:** patient satisfaction; outcomes; wait times.
- **Growth:** empanelment; repeat/referral; packages.

13. Funding Requirement & Bankability

Total ask: ₹26 lakh term/equipment finance against ₹14 lakh promoter contribution — eligible under **PMMY (Mudra)** /CGTMSE, with medical-equipment finance suiting the equipment capex. Year-2 net profit ~₹14.8 lakh gives a comfortable DSCR; footfall growth, strong ancillary revenue & empanelment underpin bankability.

13.1 Funding utilisation

Use of funds	₹	% of total
Interior fit-out & setup	14,00,000	35%
Medical equipment & furniture	12,00,000	30%
Pharmacy & diagnostics setup	6,00,000	15%
Working-capital buffer	5,00,000	12.5%
Licences, IT & branding	3,00,000	7.5%
Total	40,00,000	100%

14. Risk Analysis & Mitigation

Risk	Mitigation
Slow footfall ramp	Good doctors; empanelment; camps; digital & community outreach
Doctor dependence/attrition	Multiple specialists; fair shares; brand over individual
Regulatory/quality lapses	Licences, protocols, infection control, biomedical-waste compliance
Ancillary margin pressure	Pharmacy & diagnostics efficiency; package design
Competition	Service, trust, convenience & empanelment differentiation

15. SWOT Analysis

Strengths Steady healthcare demand; strong ancillary revenue; one-roof convenience; empanelment upside.	Weaknesses Fixed costs during ramp; doctor-dependent; compliance-heavy; footfall-sensitive.
Opportunities Under-served areas; insurance/PMJAY; packages & preventive; chain expansion.	Threats Hospitals & chains; doctor attrition; regulation; price/margin pressure.

16. Recommended AiSevak Tools for This Business

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

- **Clinic ops:** appointment/EMR, pharmacy & diagnostics-billing, patient-CRM and footfall-analytics tools.

- **Compliance & empanelment:** Clinical-Establishments, biomedical-waste, insurance/PMJAY-empanelment and GST tools (with Legal & Finance verticals).
- **Practice:** Business Plan, per-visit economics and Break-even tools to model the clinic.

17. Key Assumptions & Notes

- Footfall-driven; pharmacy & diagnostics ancillary revenue are major profit contributors.
- ~40 visits/day (Yr 1) rising to ~100 (Yr 3); ancillary capture builds with footfall.
- Term/equipment finance ~11% p.a.; healthcare services largely GST-exempt, pharmacy taxable; empanelment assumed.
- Location, doctor quality, ancillary capture, ethics & empanelment are decisive; figures exclude applicable GST.

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