BUSINESS PLAN · INDIA

Nutrition and Diet-Consulting Clinic

Personalised, effective, evidence-based nutrition and lasting results

WELLNESS

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 **Nutrition & Diet-Consulting Clinic** in India — a dietitian/nutritionist-led practice offering personalised diet plans, weight & lifestyle management, clinical & therapeutic nutrition (diabetes, PCOS, cardiac, sports, pre/post-natal), & ongoing coaching, delivered in-clinic & via teleconsult/app on a consultation + subscription-plan model. It earns consultation & recurring plan-subscription margins on India's rising health, weight & lifestyle-disease demand, monetising expertise, results & retention on a very low-capex base — an expertise-, subscription- & retention-driven wellness business.

India faces a large & rising burden of obesity, diabetes, PCOS & lifestyle disease alongside growing health, fitness & preventive-care awareness & a booming online-wellness market. A diet clinic is very low-capex (expertise, not equipment) with healthy margins, earning recurring subscription revenue from multi-month plans plus consultations, corporate & product tie-ups. Success rests on expertise/credibility & results, client acquisition & retention (adherence), subscription/plan monetisation, tele/app scale & niche specialisation. Retention (results & adherence) is the central lever.

This is a very low-capex MSME wellness business — funded largely by the promoter with modest bank finance (small term loan for setup + CC, under Mudra) or bootstrapped. This plan models a clinic requiring **₹12 lakh** (₹6 lakh promoter + ₹6 lakh bank/self-funded), targeting **₹28 lakh** revenue in Year 1 and **₹65 lakh** by Year 3. *(Nutrition & diet clinic; very low-capex, consultation + subscription plans, retention- & tele/app-scalable.)*

2. Business Description, Vision & Legal Structure

Concept: A dietitian-led nutrition clinic - personalised diet & lifestyle plans, clinical/therapeutic nutrition, coaching - in-clinic & via tele/app, on subscription plans.

Vision: To be a trusted nutrition & lifestyle-health partner, in-clinic & online.

Mission: Deliver personalised, effective, evidence-based nutrition & lasting results.

Legal structure options

- **Proprietorship / Partnership** — simplest for a solo/small practice.
- **LLP / Private Limited** — recommended for team, app/tele scale, brand & funding.

> **Regulatory anchor:** a diet clinic is a health-service practice — qualified dietitians/nutritionists (recognised qualification; RD/IDA-registered as relevant), Shops & Establishments, GST, trade licence, and for teleconsult/app the Telemedicine Guidelines 2020 & DPDP (health data). Expertise/credibility & results, acquisition & retention (adherence), subscription monetisation, tele/app scale & niche determine success; very low-capex with healthy margins & retention central.

3. Promoter & Ownership

Led by a promoter who is (or partners) a qualified dietitian/nutritionist with credibility & results. The team includes dietitians/nutritionists, a coach/support & front-desk/coordination, with content/marketing & tech (app/tele) as it scales. Expertise, results, retention & brand are the differentiators; headcount is lean. Ownership & stakes are editable inputs.

4. Market Analysis — India

India has a large & rising burden of obesity, diabetes, PCOS, cardiac & lifestyle disease, plus growing health, fitness, weight-management & preventive-care awareness & a booming online-wellness/tele market. Consumers increasingly

seek personalised, evidence-based nutrition & lasting results. The market rewards expertise/credibility, results, retention (adherence), subscription monetisation, tele/app reach & niche specialisation; it is retention-, credibility- & competition-sensitive but very low-capex, met with results, retention, niche & online scale.

Demand drivers

- **Obesity, diabetes & lifestyle disease.**
- **Health, fitness & weight** awareness.
- **Preventive & personalised** care.
- **Online-wellness & tele** boom.
- **PCOS, sports & specialised** niches.

Market sizing (illustrative framing)

Layer	Definition	Indicative scale
TAM	Nutrition/wellness market in India	Large & growing
SAM	Catchment + online reach	Substantial
SOM (Yr 1–3)	Clients & subscriptions	Scaling

Target segments

- Weight-management & fitness.
- Diabetes, PCOS & therapeutic.
- Pre/post-natal & family nutrition.
- Sports, corporate & online clients.

5. Competition & Competitive Advantage

Landscape: other dietitians/clinics, online nutrition platforms/apps, gyms with diet & unqualified "diet advice." The clinic competes on expertise/credibility, results, personalisation, retention & niche.

The clinic's edge

- **Qualified expertise & credibility.**
- **Results & personalisation.**
- **Retention & adherence support.**
- **Niche specialisation (PCOS/diabetes/sports).**
- **Tele/app reach & scale.**

6. Products & Revenue Model

Stream	Model	Basis
Consultations	Fee (in-clinic/tele)	Entry
Subscription plans (1/3/6-month)	Recurring package	Core recurring
Therapeutic/clinical programmes	Higher-value package	ARPU/margin

Corporate & group programmes	B2B contract	Volume/base
Products & tie-ups (supplements, meal)	Margin/commission	Ancillary

> Multi-month **subscription plans** (not one-off consults) are the core recurring revenue & retention lever; therapeutic/clinical programmes & corporate lift ARPU; products/tie-ups add ancillary margin. With near-zero COGS (expertise), margins are high; acquisition, retention (adherence/results), subscription monetisation & tele/app scale drive economics — the decisive diet-clinic levers.

7. Go-to-Market — Marketing & Sales

- **Content & credibility** (social, education, results).
- **Referrals & doctor tie-ups.**
- **Consultation-to-subscription** conversion.
- **Niche & corporate** programmes.
- **Tele/app & retention.**

Sales approach

Attract via content, credibility & referrals → convert consultations to multi-month subscription plans → drive results & adherence (retention) → grow ARPU with therapeutic/corporate & products → scale via tele/app & niche. Subscription monetisation × retention × tele scale, on near-zero COGS, builds high-margin recurring revenue.

8. Operations Plan

- **Clinic & setup:** small consultation space (or shared) + tele/app; body-composition/assessment tools; content library.
- **Process:** assessment/consult → personalised plan → coaching & adherence follow-up → review & adjust → renewal/upsell.
- **Delivery & quality:** qualified dietitians, evidence-based protocols, personalisation & adherence support; outcomes tracking.
- **Tech:** tele/app, plan & diet-management, CRM/subscription & retention, content.
- **Compliance:** qualified practitioners, Shops & Establishments, Telemedicine Guidelines & DPDP (tele/data).

Diet-clinic workflow

Stage	Activity	Metric
Assess	Consult/diagnosis	Conversion
Plan	Personalised diet	Plan value/ARPU
Coach	Adherence/follow-up	Adherence/results
Review	Adjust/outcomes	Outcomes
Renew	Subscription/upsell	Retention/LTV

9. Regulatory, Licences & Compliance (India)

- **Practitioners:** qualified dietitians/nutritionists (recognised qualification; RD/IDA-registered as relevant); evidence-based practice.
- **Registration & tax:** Shops & Establishments; trade licence; GST; PAN/TAN; Udyam.
- **Tele & data:** Telemedicine Practice Guidelines 2020 (teleconsult); DPDP-aligned health data; consent.
- **Claims & products:** honest health claims; FSSAI/label compliance for any products sold.

10. Organisation & Manpower Plan

Role	Yr 1	Yr 2	Yr 3
Promoter / lead dietitian	1	1	2
Dietitians / nutritionists	2	4	7
Coaches / support	1	3	5
Front desk / coordination	1	2	3
Content, marketing & tech	1	2	3
Total	**6**	**12**	**20**

11. Implementation Timeline & Milestones

Phase	Timeline	Milestone
Setup	Month 0–2	Clinic/tele setup, licences, content, launch
Ramp	Month 2–6	Clients, subscription conversion, results, referrals
Traction	Month 6–12	Retention & ARPU; ₹28L revenue
Scale	Year 2	Team, tele/app, corporate, niche
Grow	Year 3	₹65L revenue; online scale & brand

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. Diet clinic; very low-capex, subscription-led, high-margin, retention-driven.

12.1 Project cost & means of finance

Capital requirement	₹
Clinic setup & assessment tools	4,00,000
Tele/app & tech setup	3,00,000
Licences, branding & pre-operative	2,00,000
Launch & marketing	2,00,000

Working-capital margin	1,00,000
Total project cost	**12,00,000**
Promoter contribution	6,00,000
Bank / self-funded (term + CC, Mudra)	6,00,000

12.2 Projected Profit & Loss (3 years)

Particulars	Year 1	Year 2	Year 3
Subscription plans	18,00,000	32,00,000	42,00,000
Consultations & therapeutic	7,00,000	12,00,000	15,00,000
Corporate, products & tie-ups	3,00,000	8,00,000	8,00,000
Total revenue	**28,00,000**	**52,00,000**	**65,00,000**
Dietitian & staff salaries	14,00,000	25,00,000	32,00,000
Rent, tele/app & utilities	5,00,000	7,00,000	9,00,000
Marketing & content	5,00,000	9,00,000	11,00,000
Products, overheads & interest	2,50,000	4,00,000	5,00,000
Total expenses	**26,50,000**	**45,00,000**	**57,00,000**
Net profit (before tax)	**1,50,000**	**7,00,000**	**8,00,000**
Net margin	5.4%	13.5%	12.3%

12.3 Unit economics & break-even

- **Subscription & LTV:** multi-month plans (vs. one-off consults) drive recurring revenue, ARPU & LTV; near-zero COGS makes margins high once dietitian time is utilised.
- **Retention/adherence & acquisition:** results & adherence drive retention & referral (the growth engine); marketing/CAC vs. LTV governs scaling — keep CAC efficient.
- **Break-even:** very low fixed costs mean a low break-even (reached within Year 1); tele/app scales revenue at low marginal cost (Year 2+).

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

Particulars (₹)	Q1	Q2	Q3	Q4
Opening balance	1,00,000	1,10,000	1,25,000	1,45,000
Collections	5,00,000	6,50,000	8,00,000	8,50,000
Salaries, marketing & operating	4,90,000	6,35,000	7,80,000	8,30,000
Closing balance	**1,10,000**	**1,25,000**	**1,45,000**	**1,65,000**

> Subscriptions bring upfront/recurring cash (favourable); near-zero COGS; salaries & marketing are the main outflows. Subscription monetisation, retention, efficient CAC, CC & the WC margin manage cash; efficient acquisition & adherence/retention are the key levers on this very low-capex, high-margin base.

12.5 Key Performance Indicators to Monitor

- **Clients:** new clients; consult-to-subscription conversion; retention/renewal.
- **Revenue:** subscription mix; ARPU; LTV; CAC; LTV:CAC.
- **Outcomes:** adherence; results; reviews/referrals.
- **Scale:** tele/online mix; dietitian utilisation.

13. Funding Requirement & Bankability

Total ask: **₹6 lakh bank/self-funded** against ₹6 lakh promoter contribution — small term loan for setup + CC, under Mudra (or bootstrapped; a very low-capex, financeable/self-fundable venture). Bankability/viability rests on subscription revenue, retention, efficient CAC & the promoter's credibility; near-zero COGS & low break-even make it low-risk. Year-1 profit ~₹1.5 lakh scaling to ₹8 lakh & upfront subscriptions support servicing; tele/app scales at low cost.

13.1 Funding utilisation

Use of funds	₹	% of total
Clinic setup & assessment tools	4,00,000	33.3%
Tele/app & tech setup	3,00,000	25%
Licences, branding & pre-operative	2,00,000	16.7%
Launch & marketing	2,00,000	16.7%
Working-capital margin	1,00,000	8.3%
Total	**12,00,000**	**100%**

14. Risk Analysis & Mitigation

Risk	Mitigation
Low retention / adherence	Results, coaching, follow-up, engagement; adherence tools
High CAC / acquisition	Content/organic, referrals, doctor tie-ups; LTV:CAC discipline
Credibility / unqualified competition	Qualified practitioners, evidence-based, results & reviews
Practitioner dependence	Team, protocols, brand; tele/app scale
Tele/data compliance	Telemedicine Guidelines; DPDP; consent

15. SWOT Analysis

Strengths	Weaknesses
Very low capex & break-even; high margins (near-zero COGS); recurring subscriptions; rising demand; tele/app-scalable.	Retention-/adherence-dependent; credibility-critical; practitioner-reliant; CAC-sensitive.

Opportunities	Threats
Lifestyle-disease boom; niches (PCOS/diabetes/sports); corporate; tele/app; products; online scale.	Apps & free content; unqualified competition; CAC inflation; churn.

16. Recommended AiSevak Tools for This Business

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

- **Clinic ops:** tele/app & plan-management, subscription/CRM & retention, adherence/outcomes and CAC-LTV tools.
- **Compliance:** practitioner-qualification, Telemedicine-Guidelines & DPDP, Shops-&-Establishments and health-claims/FSSAI (products) tools (with Legal & Finance verticals).
- **Practice:** Business Plan, subscription/LTV-CAC and Break-even tools to model the clinic.

17. Key Assumptions & Notes

- Nutrition & diet clinic; consultations + multi-month subscription plans + therapeutic/corporate + products; in-clinic & tele/app.
- Very low-capex, near-zero COGS, high margins; subscription monetisation & retention (adherence/results) decisive; efficient CAC governs scaling.
- Term + CC (Mudra) or bootstrapped; qualified practitioners, Shops-&-Establishments, Telemedicine Guidelines & DPDP (tele/data), honest claims.
- Subscription ARPU, retention, LTV:CAC & tele scale drive economics; figures illustrative, exclude GST.

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Every tool referenced in this plan is available on **aisevak.in**. Open the **Wellness toolkit** to browse and use them all at **https://aisevak.in/verticals/wellness** — 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.

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