YourDoc

The AI-Powered Healthcare Operating System for Individuals & Families

From symptom to recovery — one connected healthcare journey.

PRE-SEED ₹25 Lakh

Greater Noida · Delhi NCR



AAYUSH TIWARI, CEO· tayush@yourdoc.co.in · +91 6389435224
ANSHUL KUMAR , CTO, tanshul@yourdoc.co.in +91 9286188193

website:- yourdoc.co.in

THE PROBLEM

India doesn't lack doctors. It lacks continuity.

A patient navigates one illness across five disconnected systems — and nobody holds the thread.

Diagnosis starts on Google

The first response to a symptom is a search engine or a neighbourhood chemist, not a clinician. Serious conditions get caught late.

Records live nowhere

Prescriptions, lab reports and discharge summaries sit across WhatsApp, paper files and four apps. Every consultation starts from zero.

Care ends at the consult

Medications get missed, follow-up tests never get booked, review appointments get skipped. The recovery is entirely unmanaged.

One person carries the family

A single adult manages care for parents, spouse and children — from separate logins and separate paper trails.

The result: worse outcomes, higher lifetime cost of care, and healthcare spend leaking across a dozen uncoordinated providers.

THE SOLUTION

One intelligent layer across the entire journey.

We don't replace doctors, labs or hospitals. We connect them — and we stay with the patient between the visits.

01

Understand

- AI symptom assessment
- Digital health profile
- Unified medical record
- Plain-language explanations

02

Access Care

- Verified doctor consultations
- Diagnostic lab booking
- Hospital appointments
- Medicine delivery
- Ambulance assistance

03

Stay Healthy

- Care Circle for the family
- Medication adherence tracking
- Recovery monitoring
- Preventive health reminders

Every existing player owns one transaction. YourDoc owns the journey — which is where outcomes, retention and lifetime value actually live.

PRODUCT

How a YourDoc journey will work.

1

DAY 0

Symptom

User describes symptoms in plain language or Hindi. Rule-governed AI returns a structured assessment, urgency level and the right next step.

2

DAY 0

Consultation

One tap to a verified, NMC-registered doctor — who opens the consult already holding the symptom summary and the patient's history.

3

DAY 1

Diagnostics

Prescribed tests booked in-app with home collection. Results land directly in the health record, not as a PDF on WhatsApp.

4

DAY 2-14

Recovery

Medication reminders, adherence tracking, symptom check-ins and automated follow-up. We know whether the patient actually got better.

5

ONGOING

Care Circle

The same account manages a parent's BP medication, a child's vaccinations and a spouse's thyroid follow-up, with consent per member.

PRODUCT

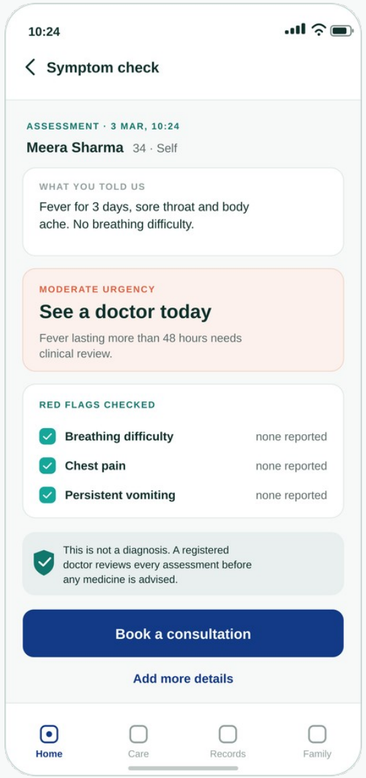
One patient. One illness. One thread.

Meera, 34 — from first symptom to a managed recovery, and the household around her.

DAY 0

Symptom assessment

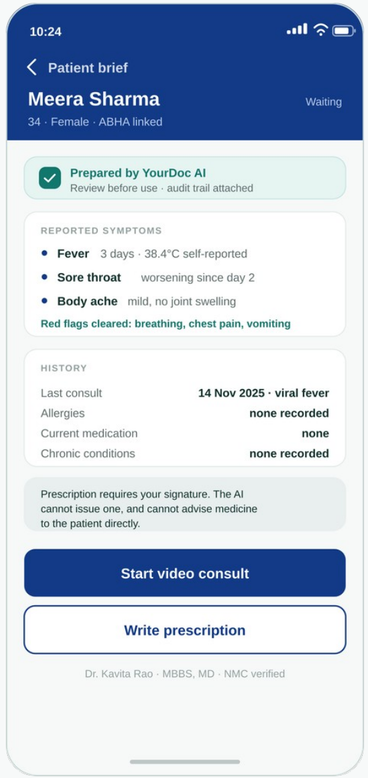
Urgency, next step, red flags checked.



DAY 0

Doctor's patient brief

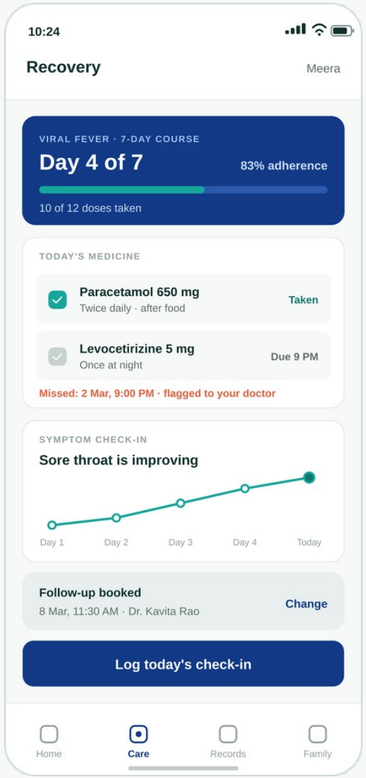
The consult opens holding the history.



DAY 2–14

Recovery tracking

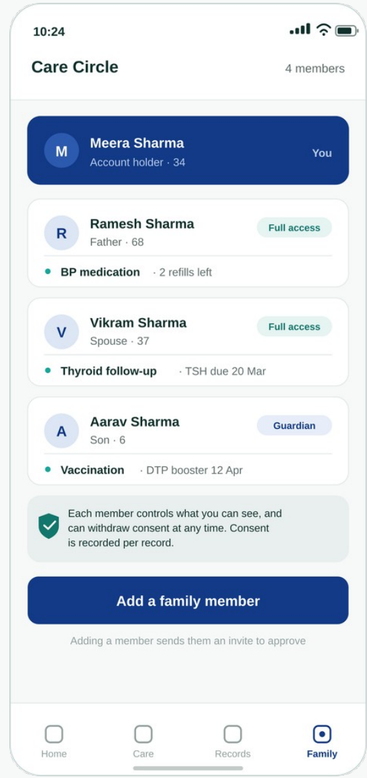
Adherence, missed doses, symptom trend.



ONGOING

Care Circle

Household account, consent per member.



The same patient, the same illness, in sequence — that continuity is the product.

Design mockups · UI pre-release

WHERE WE ARE TODAY

Paid beta. MVP nearly done. Launch on close.

We would rather say this on slide six than have you discover it in diligence.

Product
An early web beta was used for validation. The full MVP (AI triage, unified record, verified consults, diagnostics booking, reminders, Care Circle) is nearly complete, on FastAPI, MongoDB, Qdrant and a doctor-gated multi-agent AI layer.

Traction
120 paying users on the web beta, May–June 2026, all from the founders' network and referrals. 101 on the ₹49 AI plan, 19 on the ₹99 plan with medication tracking. ₹20,000 collected. Churned when we ran out of money to ship updates. Two practising doctors on the clinical workflow; letters of intent from healthcare professionals.

Capital & recognition
₹5 lakh bootstrapped; no external capital to date. DPIIT-recognised (Startup India). Incubated at IIMT Ladder Business Foundation. Recommended under the UP Startup Policy Prototype Development Program. Selected for Jagriti Yatra.

Launch plan
Launch within four weeks of first close: first to the 120 users who already paid, then Greater Noida RWAs. This round, ₹25L: 30% software, compliance and hosting, 30% team, 30% marketing and acquisition, 10% reserve. Launch-cohort CAC will run above the model; ₹200 is the Month 6 target on real cohorts.

People paid for this on a website that was not built for it. The round builds the version that keeps them.

WHY NOW

The rails were just laid. The layer on top is still missing.

90 cr+
ABHA digital health IDs issued under ABDM

100 cr+
health records linked to ABHA; doubled in 15 months

450+
health-tech platforms already integrated with ABDM

15 cr+
ABHA-linked records in UP, the leading state

Interoperability is now a standard, not a project.
FHIR exchange, the Health Facility and Professionals Registries and consent-managed HIE mean we build on shared national rails instead of negotiating hospital by hospital.

Health AI now has a national governance framework.
SAHI and BODH launched in February 2026, giving clinical AI a defined path on ethics, safety and accountability — an advantage for governed players over unregulated symptom-checker apps.

Consumer behaviour has already shifted.
Teleconsultation is normalised across Tier-1 and Tier-2 households. The demand-side education has been paid for by someone else.

Sources: National Health Authority via PIB, May 2026 (ABHA and linked-record figures); NHA (450+ integrated platforms).

MARKET

Sized bottom-up, not off an industry headline.

TAM

₹1.2 lakh crore

India's digital health market today, growing to ₹4 lakh crore+ by 2033 across consultations, diagnostics, e-pharmacy and health records.

SAM

₹7,200 crore

~10 crore urban Tier-1 and Tier-2 households that transact digitally for healthcare, at ₹720 of platform revenue per household per year.

SOM

₹1.1 crore ARR

Noida + Greater Noida: ~4 lakh digitally transacting households. 25,000 registered and ~15,000 monthly-active by Month 18 — under 4% penetration.

HOW THE SOM IS BUILT

Households in Noida + Greater Noida × % digitally transacting × target penetration at Month 18 × ₹60 platform revenue per household per month × 12

Density before scale — we would rather own 10% of Greater Noida than 0.01% of India. This round buys the first 1,000 households.

BUSINESS MODEL

Three revenue streams. Full margin visibility.

CORE STREAMS — MONTHS 0 TO 18

Doctor consultations
Platform fee per consultation — **₹50**

Diagnostic labs
Commission on booked test value — **18%**

Care Circle Premium
Family subscription, ~8% attach (beta: 16%) — **₹149/mo**

NOT IN THE MODEL — UNLOCKS POST-SERIES A

Pharmacy fulfilment — gated on e-pharmacy rules settling

Provider SaaS — gated on city-level doctor density

Corporate & insurance — sold on our own cohort outcome data

Hospital & ambulance — Phase 1 engagement drivers, monetised later

UNIT ECONOMICS — MODELLED

Revenue / active household / month	**₹60**
Contribution margin	**~65%**
Gross profit / household / month	**₹40**
Average household lifetime	**15 months**
Lifetime value (LTV)	**₹600**
Customer acquisition cost (CAC)	**≤ ₹200**

LTV : CAC = 3 : 1 payback under 5 months

₹60 = ₹24 consultations + ₹24 diagnostics + ₹12 subscription, per active household per month.

APPENDIX · REVENUE

Eight streams. Three of them funded.

Three streams are in the plan. The rest are real, sequenced, and deliberately out of the ₹60.

Stream	Mechanism	Status	Gate
Doctor consultations	₹50 platform fee per consult	**In the model**	—
Diagnostic labs	18% commission on booked test value	**In the model**	—
Care Circle Premium	₹149/mo family subscription, ~8% attach	**In the model**	—
Hospital appointments	Booking fee / referral share	Engagement driver	Monetised after Phase 1 density
Ambulance assistance	Dispatch fee share	Engagement driver	Monetised after Phase 1 density
Pharmacy fulfilment	Margin on medicine, partnered then owned	Deferred	E-pharmacy rules settling; working capital
Provider SaaS	Per-seat dashboard for doctors and clinics	Deferred	100+ doctors on our follow-up workflow
Corporate & insurance	Per-member contracts on adherence + outcomes	Post-Series A	12+ months of cohort outcome data

Nothing below the line is in the ₹60, the LTV, or this round's plan. Each is gated on a condition we have not met yet — and each gets cheaper to unlock the more household journeys we complete.

GO-TO-MARKET

Hyper-local density, then a repeatable city playbook.

PHASE 1 · THIS ROUND

Greater Noida

- 1,000 paying households
- 10 doctors on the dashboard
- First RWA + campus partners
- Retention and CAC measured

PHASE 2 · SEED ROUND

Noida + 1 NCR market

- 100 doctors, 20 labs
- 25,000 households
- Second NCR market live

PHASE 3 · POST-SERIES A

City-by-city nationally

- Documented city playbook
- Target payback per city
- Ghaziabad, Gurugram, Delhi

DEMAND CHANNELS — CHEAPEST FIRST

RWA partnerships Greater Noida is dominated by large gated societies with active RWAs. Society-level health camps drive near-zero-CAC household acquisition.

University partnerships High-density campuses, and students who become their household's healthcare manager.

Care Circle referral loop Adding a family member is structurally an invite. Growth compounds inside the household.

Performance marketing Used to fill gaps — never as the primary acquisition engine.

WHY DOCTORS SAY YES

Care Circle-enabled patient dashboards improve adherence, follow-up completion and repeat consultation rates.

We increase the value of a doctor's existing panel. We don't ask them to compete for strangers.

COMPETITIVE POSITIONING

We're not competing for the transaction.

We're competing for the relationship — the part of the journey nobody currently owns.

	Practo / Apollo 24|7	Tata 1mg / PharmEasy	Eka Care	YourDoc
Primary wedge	Doctor discovery, teleconsult	Medicine & diagnostics commerce	ABHA records and PHR	**AI triage to full journey**
Engagement	Episodic	Transactional	Passive record store	**Continuous**
Unit of account	Individual	Individual	Individual	**Household**
Entry point	“Find a doctor”	“Order medicine”	“Store my record”	**“What's wrong with me?”**
Between visits	Not addressed	Refill reminders	Not addressed	**Adherence + recovery**
Family coordination	Limited profiles	Limited profiles	Limited	**Native Care Circle**
ABDM posture	Partial	Partial	ABDM-native	**ABDM-native**

The honest read: the incumbents are larger and better funded, and they already own the consultation and commerce layers. We do not attack them there. We enter at the moment before the consultation — the symptom — and stay through the recovery, which none of them monetise. Our unit of retention is the household, which structurally lowers CAC and raises LTV against every player above.

TECHNOLOGY & CLINICAL TRUST

AI-powered. Clinically governed. Regulator-aligned.

AI Architecture

- Multi-agent system, not one model call Separate
- triage, terminology and medicine agents Grounded in an ingested ICD-11 (WHO) ontology
- Longitudinal profile agent across the household Curated in-house drug database, not open-web
- text
-

Clinical Safety

- Rule-governed triage with hard-coded red flags
- Medicine and prescription output gated behind licensed doctor review
- General Q&A and terminology reach the patient directly
- AI never issues an autonomous diagnosis
- Full audit trail on every AI output shown

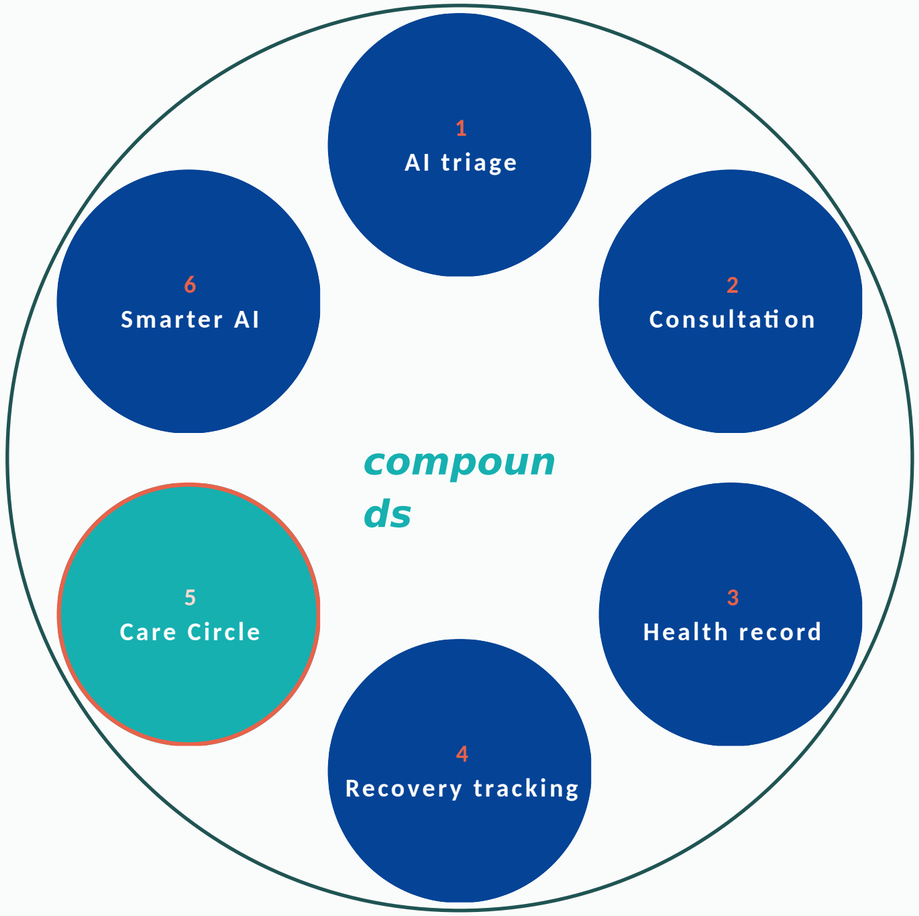
Compliance

- Telemedicine Practice Guidelines 2020 — NMC registration verified at onboarding
- DPDP Act 2023 — consent-first, purpose-limited
- ABDM-native: ABHA-ready, FHIR exchange, HIE consent manager
- SAHI-aligned clinical AI governance
- Encryption at rest and in transit, full audit logging

Deliberately deferred: e-pharmacy fulfilment remains under draft rules. We partner rather than operate until the framework settles.

THE MOAT

What compounds once we are live.



Longitudinal household data
Cannot be bought — only accumulated, one recovery at a time.

Care Circle network effect
Every added member raises switching cost for the whole household.

Hyper-local provider density
Winner-take-most at city level; the second entrant inherits a worse marketplace.

Provider workflow integration
Once a doctor's follow-up runs on our dashboard, replacement is operational, not commercial.

ABDM-native architecture
Retrofitting FHIR and consent onto a legacy stack is a rebuild, not a feature.

THE PLAN

₹25 Lakh. 9 months. 1,000 paying households.

USE OF FUNDS



- **₹7.5L** Software, compliance & hosting
- **₹7.5L** Team
- **₹7.5L** Marketing & acquisition
- **₹2.5L** Reserve

Launch-cohort CAC will run above the model. ₹200 is the Month 6 target, measured on live cohorts.

MONTH 1

MVP live

- Live to the 120 paid beta users
- Care Circle on the compliant stack
- First two RWA partnerships signed

MONTH 3

Early traction

- 300 paying households
- 10 doctors on the follow-up dashboard
- First retention data

MONTH 6

Proof for the seed

- 1,000 paying households
- Retention curve and real CAC measured
- Seed round opens (~₹1 crore)

Burn ~₹2.8L per month · 9-month runway · ₹25L buys the launch, 1,000 paying households and the cohort data to raise a ~₹1 crore seed by Month 9. The seed funds 100 doctors, 20 labs, 25,000 households and a second NCR market.

THE TEAM

Who is building this.

Two co-founders who shipped together at Cassinity before YourDoc, plus a clinical advisor.

AAYUSH TIWARI

Co-founder & CEO

Seven years in digital marketing at two agencies, Craftora and Cassinity, producing content and campaigns for clients including Netmeds, Tata Motors and MG Motor. At YourDoc: product, distribution, partnerships and the round.

ANSHUL KUMAR

Co-founder & CTO

Full-stack developer at Cassinity Private Limited before YourDoc, shipping client products end to end: mobile apps, web platforms, API integrations and blockchain builds.

Architected the YourDoc platform end to end (web beta shipped; MVP nearly complete) — FastAPI, MongoDB, Qdrant, Celery, 80+ data collections, and a multi-agent clinical AI layer with two-lane doctor-gated governance.

Built the ICD-11 (WHO) clinical ontology ingestion pipeline that grounds the platform's medical AI.

CLINICAL ADVISOR

Dr Ravi Verma, MBBS (KGMU) · practising at KGMU, Lucknow · preparing for postgraduate specialisation

WHY A NON-CLINICAL TEAM

We are not doctors, and the product is designed so we never have to be. Clinical judgment sits with NMC-registered doctors; the AI never diagnoses and every prescription is doctor-gated. What we bring is what Indian health platforms have died for lack of: distribution, and the ability to ship.

THE ASK

Raising ₹25 Lakh

Pre-Seed · 9-month runway · launch, 1,000 paying households, data for the seed

WHAT THIS ROUND FUNDS

- Launch the MVP to the 120 users who already paid
- Take Care Circle live on a compliant, DPDP-ready stack
- Sign the first RWA and university partnerships in Greater Noida
- Acquire 1,000 paying households; 10 doctors on the dashboard
- Measure retention and real CAC on live cohorts
- Raise a ~₹1 crore seed by Month 9 on that data

Instrument: SAFE or priced equity. Launch within four weeks of first close. The seed round funds 100 doctors, 20 labs, 25,000 households and a second NCR market.

BEYOND CAPITAL, WE'RE LOOKING FOR

- *Healthcare & hospital network introductions*
- *Clinical and regulatory advisory*
- *Diagnostic & provider partnerships*
- *ABDM ecosystem guidance*
- *Support for NCR expansion*
- *Access to follow-on institutional investors*

One platform. One health journey. Better outcomes for every Indian family.

AAYUSH TIWARI, CEO· tayush@yourdoc.co.in · +91 6389435224

website:- yourdoc.co.in