AMITY INTERNATIONAL MISSION FOUNDATION

Statewide Digital Health, Telemedicine, Diagnostics, Pharmacy, Home Delivery & Hospital Network

Detailed Project Report for Andhra Pradesh and Telangana

Coverage	Andhra Pradesh + Telangana
Districts covered	59 districts: 26 in AP + 33 in Telangana
Mature network target	500 telemedicine centres, 150 mini diagnostic centres, 59 district hubs, 10 regional hubs, 10 regional multispeciality hospitals
Full five-year funding requirement	Rs 2,462 Cr including capex, contingency and working capital
Asset-light network excluding owned hospitals	Approx. Rs 900-1,050 Cr depending on leasing, PPP, and diagnostic equipment financing
Recommended rollout	Pilot first; district scale second; owned hospitals only after referral volumes are proven
Prepared date	4 July 2026

Prepared as a board-level implementation and budget blueprint. This document uses preliminary planning estimates; final numbers must be validated through site surveys, vendor quotations, regulatory review, and clinical manpower availability.

Document Contents

1. Executive Summary

Amity International Mission Foundation should establish a two-state integrated healthcare grid rather than a disconnected chain of telemedicine kiosks. The recommended model combines assisted teleconsultations, local vitals, diagnostics, licensed pharmacies, home delivery, referral hospitals, mobile medical units, district labs, regional reference labs, and a future drone medical logistics layer.

The design principle is simple: every patient who enters an Amity centre should be able to receive consultation, basic tests, medicines, follow-up reminders, and referral support without unnecessary travel. Serious cases must be identified early and escalated to hospitals through a controlled referral system.

Network Component	AP	Telangana	Total
Telemedicine centres	260	240	500
Mini diagnostic centres	78	72	150
District health hubs	26	33	59
Regional reference labs + pharmacy warehouses	5	5	10
Regional multispeciality hospitals	5	5	10
Mobile medical units	45	45	90
Ambulances / referral vehicles	52	66	118
Delivery vehicles	365	335	700

The full five-year program, including owned regional hospitals, requires an estimated Rs 2462 Cr. The safer immediate funding ask is a Phase 1 and Phase 2 corpus of Rs 350-500 Cr to validate the model, build public trust, prove utilisation, and prepare for hospital-backed expansion.

2. Mission, Model and Non-Negotiable Principles

2.1 Mission

To make reliable, affordable and technology-enabled healthcare available near every family in Andhra Pradesh and Telangana through a trusted network of local digital health centres backed by doctors, diagnostics, pharmacies, hospitals and logistics.

2.2 Non-Negotiable Principles

- Assisted telemedicine, not app-only telemedicine. Rural and elderly patients must receive support from trained staff at the centre.
- No teleconsultation without vitals and red-flag triage.
- No pharmacy without licence, registered pharmacist and prescription controls.
- No diagnostic expansion without quality control, barcode tracking and NABL pathway.
- No hospital construction before referral volumes and payer mix are proven.
- No drone delivery before ground logistics, DGCA permissions, landing safety and chain-of-custody systems are stable.
- No data collection without consent, access controls and privacy governance.

3. AP + Telangana Network Architecture

The network should operate as a hub-and-spoke healthcare system with two state command centres, ten regional hubs, district health hubs, local telemedicine centres and last-mile delivery systems.

3.1 State Command Centres

Command Centre	Recommended Location	Primary Role
AP Command Centre	Vijayawada / Visakhapatnam	AP operations, doctor rosters, referral control, pharmacy command, lab tracking
Telangana Command Centre	Hyderabad	Telangana operations, corporate partnerships, specialist network, data operations
Central Technology & Clinical Governance Desk	Can be co-located at Hyderabad or Vijayawada	EMR, ABDM integration, MIS dashboards, clinical audit, privacy and cybersecurity

3.2 Regional Hub Structure

State	Regional Hubs	Indicative Locations
Andhra Pradesh	5	Visakhapatnam/Anakapalli, Rajamahendravaram/Kakinada, Vijayawada/Guntur, Kurnool/Nandyal, Tirupati/Anantapur
Telangana	5	Hyderabad/Rangareddy, Warangal/Hanamkonda, Karimnagar/Nizamabad, Khammam/Nalgonda, Mahabubnagar/Adilabad belt

3.3 District Deployment Logic

Each district should have a district hub and a minimum number of telemedicine centres. Additional centres should be allocated based on population density, tribal/remote access, existing private healthcare gaps, travel time to specialists, poverty clusters, disease burden and partner availability.

3.4 AP District Coverage

No.	District	Minimum Model
1	Alluri Sitharama Raju	District hub + 6-14 telemedicine centres + pharmacy + sample collection
2	Anakapalli	District hub + 6-14 telemedicine centres + pharmacy + sample collection
3	Ananthapuramu	District hub + 6-14 telemedicine centres + pharmacy + sample collection
4	Annamayya	District hub + 6-14 telemedicine centres + pharmacy + sample collection
5	Bapatla	District hub + 6-14 telemedicine centres + pharmacy + sample collection
6	Chittoor	District hub + 6-14 telemedicine centres + pharmacy + sample collection
7	Dr. B.R. Ambedkar Konaseema	District hub + 6-14 telemedicine centres + pharmacy + sample collection
8	East Godavari	District hub + 6-14 telemedicine centres + pharmacy + sample collection
9	Eluru	District hub + 6-14 telemedicine centres + pharmacy + sample collection
10	Guntur	District hub + 6-14 telemedicine centres + pharmacy + sample collection
11	Kakinada	District hub + 6-14 telemedicine centres + pharmacy

		+ sample collection
12	Krishna	District hub + 6-14 telemedicine centres + pharmacy + sample collection
13	Kurnool	District hub + 6-14 telemedicine centres + pharmacy + sample collection
14	Nandyal	District hub + 6-14 telemedicine centres + pharmacy + sample collection
15	NTR	District hub + 6-14 telemedicine centres + pharmacy + sample collection
16	Palnadu	District hub + 6-14 telemedicine centres + pharmacy + sample collection
17	Parvathipuram Manyam	District hub + 6-14 telemedicine centres + pharmacy + sample collection
18	Prakasam	District hub + 6-14 telemedicine centres + pharmacy + sample collection
19	Sri Potti Sriramulu Nellore	District hub + 6-14 telemedicine centres + pharmacy + sample collection
20	Sri Sathya Sai	District hub + 6-14 telemedicine centres + pharmacy + sample collection
21	Srikakulam	District hub + 6-14 telemedicine centres + pharmacy + sample collection
22	Tirupati	District hub + 6-14 telemedicine centres + pharmacy + sample collection
23	Visakhapatnam	District hub + 6-14 telemedicine centres + pharmacy + sample collection
24	Vizianagaram	District hub + 6-14 telemedicine centres + pharmacy + sample collection
25	West Godavari	District hub + 6-14 telemedicine centres + pharmacy + sample collection
26	YSR Kadapa	District hub + 6-14 telemedicine centres + pharmacy + sample collection

3.5 Telangana District Coverage

No.	District	Minimum Model
1	Adilabad	District hub + 5-12 telemedicine centres + pharmacy + sample collection
2	Bhadradri Kothagudem	District hub + 5-12 telemedicine centres + pharmacy + sample collection
3	Hanumakonda	District hub + 5-12 telemedicine centres + pharmacy + sample collection
4	Hyderabad	District hub + 5-12 telemedicine centres + pharmacy + sample collection
5	Jagtial	District hub + 5-12 telemedicine centres + pharmacy + sample collection
6	Jangaon	District hub + 5-12 telemedicine centres + pharmacy + sample collection
7	Jayashankar Bhupalpally	District hub + 5-12 telemedicine centres + pharmacy + sample collection
8	Jogulamba Gadwal	District hub + 5-12 telemedicine centres + pharmacy + sample collection
9	Kamareddy	District hub + 5-12 telemedicine centres + pharmacy + sample collection
10	Karimnagar	District hub + 5-12 telemedicine centres + pharmacy + sample collection
11	Khammam	District hub + 5-12 telemedicine centres + pharmacy + sample collection
12	Komaram Bheem Asifabad	District hub + 5-12 telemedicine centres + pharmacy + sample collection
13	Mahabubabad	District hub + 5-12 telemedicine centres + pharmacy + sample collection
14	Mahabubnagar	District hub + 5-12 telemedicine centres + pharmacy + sample collection
15	Mancherial	District hub + 5-12 telemedicine centres + pharmacy + sample collection
16	Medak	District hub + 5-12 telemedicine centres + pharmacy + sample collection
17	Medchal-Malkajgiri	District hub + 5-12 telemedicine centres + pharmacy + sample collection
18	Mulugu	District hub + 5-12 telemedicine centres + pharmacy + sample collection
19	Nagarkurnool	District hub + 5-12 telemedicine centres + pharmacy + sample collection
20	Nalgonda	District hub + 5-12 telemedicine centres + pharmacy + sample collection
21	Narayanpet	District hub + 5-12 telemedicine centres + pharmacy + sample collection
22	Nirmal	District hub + 5-12 telemedicine centres + pharmacy + sample collection
23	Nizamabad	District hub + 5-12 telemedicine centres + pharmacy + sample collection
24	Peddapalli	District hub + 5-12 telemedicine centres + pharmacy + sample collection

25	Rajanna Sircilla	District hub + 5-12 telemedicine centres + pharmacy + sample collection
26	Rangareddy	District hub + 5-12 telemedicine centres + pharmacy + sample collection
27	Sangareddy	District hub + 5-12 telemedicine centres + pharmacy + sample collection
28	Siddipet	District hub + 5-12 telemedicine centres + pharmacy + sample collection
29	Suryapet	District hub + 5-12 telemedicine centres + pharmacy + sample collection
30	Vikarabad	District hub + 5-12 telemedicine centres + pharmacy + sample collection
31	Wanaparthy	District hub + 5-12 telemedicine centres + pharmacy + sample collection
32	Warangal	District hub + 5-12 telemedicine centres + pharmacy + sample collection
33	Yadadri Bhuvanagiri	District hub + 5-12 telemedicine centres + pharmacy + sample collection

4. Facility Typologies

Facility Type	Size	Services	Indicative Capex
Type A: Assisted Telemedicine & Pharmacy Centre	600-1,000 sq.ft.	Registration, vitals, video consultation, ECG, sugar test, sample collection, e-prescription, pharmacy, local delivery	Rs 18 lakh
Type B: Telemedicine + Mini Diagnostic Centre	1,200-2,000 sq.ft.	Type A plus CBC, biochemistry, HbA1c, thyroid, lipid, urine tests, ECG, point-of-care diagnostics	Rs 50 lakh incremental / standalone
Type C: District Health Hub	5,000-10,000 sq.ft.	Tele-OPD rooms, diagnostic lab, X-ray where licensed, ultrasound only with compliance, pharmacy warehouse, sample hub, chronic clinics	Rs 3.5 Cr
Type D: Regional Health Hub	20,000-50,000 sq.ft.	Reference lab, specialist telemedicine hub, pharmacy warehouse, training centre, ambulance base	Rs 8 Cr excluding hospital
Type E: Regional Hospital	100-150 beds expandable to 300	Emergency, ICU, general medicine, surgery, OB-GYN, pediatrics, ortho, dialysis, imaging, pharmacy, referral care	Rs 120 Cr per 150-bed hospital

5. Diagnostics Placement Plan

Diagnostics must be placed according to sample volume, geography and turnaround time. Uncontrolled diagnostics can damage trust; therefore every test must be clinically ordered, tracked, and audited.

Level	Placement Rule	Capabilities
Every telemedicine centre	All 500 centres	Vitals, glucose, ECG, sample collection, urine/pregnancy tests where applicable
Mini diagnostic centre	One for every 3-5 telemedicine centres or where daily samples exceed 40-50	Hematology, biochemistry, HbA1c, thyroid, lipid, dengue/malaria rapid tests where approved
District lab	One in every district hub	Higher-volume pathology, biochemistry, sample sorting, digital reports, quality control
Regional reference lab	One in every regional hub	Advanced testing, microbiology sample processing, external QC, cold-chain logistics

6. Pharmacy and Home Delivery Plan

The pharmacy network must be built as a licensed, pharmacist-led prescription fulfilment system. It should not function as an informal medicine shop or delivery-only app.

- Every district hub should operate as a pharmacy stock node.
- High-volume telemedicine centres should have pharmacy counters; smaller centres can use hub-and-deliver model.
- Schedule H/H1/X medicines must be dispensed only under valid prescription and legal record-keeping requirements.
- Cold-chain medicines such as insulin require temperature logs, validated storage and delivery boxes.
- Chronic patients should be enrolled into refill reminders for diabetes, hypertension, thyroid, cardiac and respiratory medicines.

- Home delivery should first cover 5-10 km around centres, then expand to district-wide delivery based on density.

7. Doctor Recruitment and Hospital Strategy

7.1 Doctor Recruitment

- Use a hybrid model: full-time medical officers, part-time specialists, retired doctors, local visiting doctors and scheduled super-specialist tele-OPDs.
- Create separate panels for general medicine, pediatrics, gynecology, dermatology, psychiatry, cardiology, orthopedics, ENT, ophthalmology, diabetology and nephrology.
- Provide medical indemnity, clear telemedicine SOP, medico-legal support and ethical incentive structure.
- Do not overload doctors. A safe planning assumption is 35-50 quality teleconsultations per doctor per day depending on complexity.

7.2 Hospital Strategy

Owned hospitals should be introduced only after Phase 2 proves referral volumes. Until then, Amity should use tie-ups with existing hospitals, medical colleges, diagnostic chains, ambulances and blood banks. Hospital construction is the largest capital risk in the project; therefore hospital timing must be volume-led, not prestige-led.

Stage	Hospital Approach	Rationale
0-18 months	Tie-ups and referral MoUs	Fast, low capex, referral support from day one
19-36 months	Acquire/lease/operate 2 hospitals in highest-volume regions	Validate hospital economics before full rollout
37-60 months	Build/expand 10 regional hospitals	Only after patient flow, payer mix and doctor network are proven

8. Technology and Data Protection Architecture

- Telemedicine platform with patient queue, vitals capture, video, e-prescription and referral escalation.
- Electronic medical record with patient consent and longitudinal history.
- Lab information management system with barcode sample tracking.
- Pharmacy inventory and prescription validation system.
- Delivery tracking with proof of delivery and cold-chain flagging.
- Call centre CRM for appointments, reminders, complaints and follow-up.
- MIS dashboards for centre productivity, turnaround time, doctor availability, stock-outs and red-flag cases.
- ABDM alignment through ABHA, Health Facility Registry and Healthcare Professionals Registry onboarding.
- DPDP-aligned consent, purpose limitation, access control, audit trails, breach response and deletion policy.

9. Compliance Framework

Area	Compliance Requirement
Clinical establishments	AP and Telangana registration under applicable private medical/clinical establishment rules before operations.
Telemedicine	Doctors must follow Telemedicine Practice Guidelines, including identity, consent, appropriateness, prescription and documentation.
Pharmacy	Drug licence, registered pharmacist, prescription controls, stock records, batch/expiry tracking and Schedule H/H1/X controls.
Diagnostics	Path to NABL/ISO 15189; sample tracking; external quality assurance; biomedical waste management.
Radiology	AERB/radiation safety approvals for X-ray/CT; PCPNDT compliance for ultrasound.
Hospitals	NABH entry-level pathway, fire safety, biomedical waste, infection control, blood bank tie-ups, emergency protocols.
Data	DPDP Act-aligned consent, privacy policy, access control, encryption and breach response.
Drone logistics	DGCA/Digital Sky permissions, drone registration/UIN, route clearance, insurance and standard operating procedures.

10. Budget and Funding Requirement

All budget figures below are planning estimates in Rs Crore. They should be validated through site selection, engineering layouts, vendor quotations, technology procurement, hospital land/lease strategy and manpower market survey.

Capex Head	AP	Telangana	Total
Telemedicine centres	46.80	43.20	90.00
Mini diagnostic centres	39.00	36.00	75.00
District health hubs	91.00	115.50	206.50
Regional reference labs + pharmacy warehouses	40.00	40.00	80.00
Regional multispeciality hospitals	600.00	600.00	1,200.00
Command + technology platform allocation	30.00	30.00	60.00
Mobile medical units	33.75	33.75	67.50
Ambulances	18.20	23.10	41.30
Delivery vehicles and cold boxes	5.47	5.02	10.50
Drone pilot allocation	12.50	12.50	25.00
Training academy and launch setup	10.00	10.00	20.00
Licensing, legal, design and pre-operating	5.00	5.00	10.00
Subtotal before contingency	931.73	954.08	1,885.80
12% contingency	111.81	114.49	226.30
Total capex with contingency	1,043.53	1,068.56	2,112.10
Six-month working capital reserve	175.00	175.00	350.00
Total five-year funding requirement	1,218.53	1,243.56	2,462.10

10.1 Phase-Wise Funding Plan

Phase	Timeline	Major Deliverables	Funding Required
Phase 0-1: Foundation + Pilot	0-6 months	25-50 centres, 5 mini diagnostics, 3-5 district hubs, command centre MVP, doctor panel, referral MoUs	Rs 75 Cr
Phase 2: First Scale	7-18 months	100-150 centres, 25 diagnostics, 10-15 district hubs, pharmacy delivery, MMUs, chronic clinics	Rs 275 Cr
Phase 3: Two-State Grid	19-36 months	250-300 centres, 75 diagnostics, 30-45 district hubs, 5 regional hubs, 2 hospitals or leased hospitals	Rs 635 Cr
Phase 4: Full Statewide System	37-60 months	500 centres, 150 diagnostics, 59 district hubs, 10 regional hubs, 10 hospitals, drone pilots	Rs 1,477 Cr
Total	5 years	Complete AP + Telangana network	Rs 2,462 Cr

10.2 Recommended Funding Mix

Funding Source	Recommended Amount	Use
Founder/anchor corpus + philanthropic seed	Rs 150-250 Cr	Pilot, command centre, licences, first centres, brand trust
CSR and social impact grants	Rs 300-500 Cr	Rural centres, poor-patient subsidies, MMUs, disease programs
Bank/NBFC/project debt	Rs 700-900 Cr	Hospitals, diagnostic equipment, real estate fit-outs
Vendor finance / leasing	Rs 250-350 Cr	Diagnostic analyzers, imaging, IT hardware, vehicles
Internal accruals and subscriptions	Rs 200-350 Cr	Expansion from Phase 3 onward
Government/insurance empanelment	Variable	Patient volumes, hospital reimbursements, public health contracts

11. Five-Year Rollout Roadmap

Year	Centres	District Hubs	Hospitals	Primary Target
Year 1	50	10	0	Pilot validation, trust building, SOP stabilization
Year 2	150	25	0	District-level scale, pharmacy delivery, diagnostics volume
Year 3	300	45	2	Regional hub launch, first hospital integration
Year 4	400	59	5	Full district coverage, referral network maturity
Year 5	500	59	10	Complete AP + Telangana network

12. Staffing Model

Facility	Core Staffing
Telemedicine centre	Centre manager, nurse/ANM/GNM, telemedicine coordinator, pharmacist, sample collection technician, delivery executive, housekeeping/support
Mini diagnostic centre	Lab technician, phlebotomist, quality supervisor, reporting tie-up, biomedical waste support
District hub	District operations manager, medical officer, nurses, lab team, pharmacist team, sample logistics, call desk, delivery supervisor
Regional hub	Regional director, specialist doctors, reference lab head, pharmacy warehouse head, training manager, biomedical engineer, ambulance coordinator
Hospital	Medical superintendent, consultants, duty doctors, nurses, OT/ICU staff, diagnostics, pharmacy, billing, insurance, quality, housekeeping, security
Central/state command	Medical director, operations director, CTO, pharmacy head, diagnostic head, data protection officer, call centre, analytics, quality audit

13. Clinical, Pharmacy and Diagnostic SOPs

13.1 Standard Patient Flow

1. Patient enters centre or books through helpline/app.
2. Registration and consent are captured in Telugu/English.
3. Vitals and chief complaint are recorded by trained staff.
4. Red-flag screening is performed before teleconsultation.
5. Teleconsultation is conducted by a registered doctor.
6. Doctor orders medicines, tests, follow-up or referral.
7. Pharmacy fulfils prescription or arranges delivery.
8. Diagnostic samples are barcoded and tracked.
9. Follow-up reminders are sent for chronic care, maternal care and serious findings.

13.2 Red-Flag Escalation

- Chest pain, stroke symptoms, severe breathlessness, pregnancy emergency, severe bleeding, road accident, poisoning, seizure, unconsciousness, suicidal ideation, hypertensive crisis, diabetic emergency and severe pediatric illness must be referred immediately.
- The centre must maintain an emergency referral directory with ambulance contacts, nearest hospitals, blood banks and district coordinators.
- Every red-flag case must be logged and reviewed by the district medical officer within 24 hours.

13.3 Pharmacy SOP

- No prescription medicine without valid prescription.
- Registered pharmacist presence is mandatory during dispensing hours.
- Batch number, expiry, bill and prescription record must be maintained.
- Cold-chain medicines require temperature log from storage to delivery.
- Antibiotic and controlled drug dispensing must be audited weekly.

13.4 Diagnostic SOP

- Every sample must have barcode, collection time, collector ID and patient consent.
- Sample rejection criteria must be displayed and enforced.
- Critical results must trigger immediate doctor notification.
- External quality control and NABL preparation must begin from the first operational month.

14. Drone Medical Logistics Roadmap

Drone delivery should be a future logistics layer and not the starting point. The first use case should be medical logistics between centres and labs, not direct public home delivery.

Stage	Timeline	Use Case	Control
Feasibility	Year 2	Route mapping for tribal/remote belts	DGCA/Digital Sky review, payload study, landing-point safety
Pilot	Year 3	Sample transport between remote centre and district lab	Barcode chain-of-custody, temperature logging, route permissions
Medical logistics	Year 4	Emergency stock, vaccines, cold-chain movement	Insurance, route monitoring, fail-safe return protocol
Restricted home delivery	Year 5+	Only for approved areas and non-emergency refills	Legal approval, public safety SOP, prescription validation

15. Revenue Model and Sustainability

The network should use a blended revenue model so that free/subsidized care can be funded without destroying operational viability.

Revenue Stream	Mature-State Planning Assumption	Annual Revenue Potential
Teleconsultations	500 centres x 45 patients/day x 330 days x Rs 120	Approx. Rs 89 Cr
Diagnostics	55% test attachment x Rs 450 average ticket	Approx. Rs 167 Cr
Pharmacy	70% prescription fulfilment x Rs 450 average bill	Approx. Rs 234 Cr gross
Subscriptions	4 lakh families x Rs 1,499/year	Approx. Rs 60 Cr
Home delivery and field services	Delivery fee, camps, home sample collection	Approx. Rs 50-75 Cr
Hospitals	10 hospitals, 150 beds each, 60% occupancy plus OPD	Approx. Rs 550 Cr
CSR/government/public health contracts	Disease programs, poor patient support	Approx. Rs 75-125 Cr

16. Risk Register and Failure-Proofing Controls

Risk	Impact	Control
Low patient trust	Low utilisation	Local health workers, camps, doctor videos, transparent pricing, grievance desk
Doctor shortage	Poor availability	Hybrid doctor panels, fixed slots, retired doctors, regional specialist rosters
Pharmacy violations	Licence risk	Registered pharmacists, prescription lock, audit, Schedule H/H1 controls
Diagnostic quality failure	Loss of credibility	NABL pathway, QC, barcode samples, external audit
Emergency mishandling	Patient harm	Red-flag triage, ambulance referral, mandatory escalation log
Technology failure	Service disruption	Dual internet, offline registration, cloud backups, disaster recovery
Hospital capex overload	Financial stress	Tie-ups first; build/acquire hospitals only after volume proof
Data breach	Legal/trust damage	Consent, encryption, role-based access, breach response
Drone failure	Safety and regulatory risk	Medical logistics pilot only after permissions and ground model maturity

17. Immediate 100-Day Action Plan

Day Range	Actions
Days 1-15	Freeze governance, appoint Medical Director, CFO/project finance lead, compliance head, technology head and project management office.
Days 16-30	Select 10 AP and 10 Telangana pilot locations; start licence checklists; shortlist doctors, hospitals, labs and pharmacy distributors.
Days 31-45	Finalize centre design, equipment specifications, telemedicine

	platform, patient forms, consent formats and pricing.
Days 46-60	Sign hospital/referral MoUs; recruit first staff; begin command centre setup; prepare launch communication.
Days 61-75	Install first centres; conduct mock consultations, sample movement, prescription fulfilment and emergency referral drills.
Days 76-100	Launch first 20-25 centres; monitor daily utilisation, complaints, turnaround time, doctor availability and stock-outs.

18. Annexure A: Equipment List

Facility	Core Equipment
Telemedicine Centre	Laptop/desktop, HD camera, headset, printer/scanner, UPS, broadband backup, BP apparatus, thermometer, pulse oximeter, glucometer, weighing scale, ECG, nebulizer, examination couch, oxygen cylinder, first-aid kit, fire extinguisher, refrigerator where needed
Mini Diagnostic Centre	Centrifuge, microscope, hematology analyzer, biochemistry analyzer, HbA1c system or tie-up, refrigerator, sample racks, barcode printer, biomedical waste bins, temperature log system
District Hub	Tele-OPD rooms, sample sorting, higher capacity analyzers, X-ray where licensed, ultrasound only with PCPNDT compliance, pharmacy storage, cold-chain storage, ambulance coordination desk
Regional Hospital	Emergency, ICU, OT, ward equipment, diagnostics, pharmacy, oxygen system, CSSD, biomedical waste, fire safety, hospital information system

19. Annexure B: Source Notes

The following sources were used as regulatory and planning anchors. URLs are included for verification by the project/legal team.

No.	Source	URL
1	Telemedicine Practice Guidelines, Govt. of India / MoHFW	https://esanjeevani.mohfw.gov.in/assets/guidelines/Telemedicine_Practice_Guidelines.pdf
2	ABDM official website - ABHA, HFR, HPR components	https://abdm.gov.in/
3	ABDM Health Facility Registry description	https://abdm.gov.in/health-facilities
4	Government of AP - Allopathic Private Medical Care Establishments Act portal	https://clinicalesttact.ap.gov.in/act-forms1.php/
5	India Code - AP Allopathic Private Medical Care Establishments Act, 2002	https://www.indiacode.nic.in/bitstream/123456789/16393/1/act_no_13_of_2002.pdf
6	Telangana Gazette - Telangana Clinical Establishments Rules, 2022	https://tggazette.cgg.gov.in/viewDocument/1659159116036
7	India Code - Telangana Allopathic Private Medical Care Establishments Act, 2002	https://www.indiacode.nic.in/bitstream/123456789/8602/1/act_13_of_2002.pdf
8	NABL official website - medical lab accreditation / ISO 15189	https://nabl-india.org/
9	NABH official website - healthcare quality and patient safety	https://nabh.co/
10	Digital Sky platform - Drone Rules and regulatory information	https://digitalsky.aai.aero/
11	DGCA drone/UAS portal	https://www.dgca.gov.in/digigov-portal/?page=jsp/dgca/InventoryList/headerblock/drones/RPAS.html
12	Pharmacy Act, 1948 - India Code	https://www.indiacode.nic.in/bitstream/123456789/6838/1/pharmacy_act_1948.pdf
13	Drugs and Cosmetics Act and Rules - CDSCO	https://cdsco.gov.in/opencms/export/sites/CDSCO_WEB/Pdf-documents/acts_rules/2016DrugsandCosmeticsAct1940Rules1945.pdf
14	AP districts - Government directory	https://igod.gov.in/sg/AP/E042/organizations
15	Telangana official districts page	https://www.telangana.gov.in/about/districts/
16	Telangana districts - Government directory	https://igod.gov.in/sg/TS/E042/organizations
17	World Bank AP Health Systems Strengthening Project ICR - AP population and rural context	https://documents1.worldbank.org/curated/en/099120325082023222/pdf/BOSIB-395a914d-1150-4ae4-9178-83ff3672e7a8.pdf

20. Final Recommendation

Amity International Mission Foundation should launch the project in a disciplined, staged manner. The immediate target should not be to announce hundreds of centres or hospitals, but to prove the first 25-50 centres, demonstrate patient trust, build a doctor network, validate diagnostic and pharmacy economics, and then expand district-by-district. The full two-state plan is financially feasible only if hospital construction is delayed until utilisation is proven and if CSR, debt, vendor finance and internal accruals are blended carefully.

Recommended first funding ask: Rs 350-500 Cr for Phase 1 and Phase 2. Recommended full five-year funding envelope: Rs 2462 Cr including owned hospitals and working capital. Recommended public promise: Doctor, Tests, Medicines and Hospital Support - Near Your Home.