

**May 25<sup>th</sup>, 2026**

**National Stock Exchange of India Limited**

Exchange Plaza, 5th Floor, C-1,  
Block G, Bandra Kurla Complex,  
Bandra (E), Mumbai 400051

**NSE SYMBOL: INVICTA**

**ISIN: INE0XJ501010**

**Subject: Transcript of Earnings Conference Call with Investor and Analyst held on Saturday, 23<sup>rd</sup> May 2026.**

**Dear Sir/Madam,**

With reference to our previous communication dated May 19<sup>th</sup>, 2026 intimating you about the investor and analyst earnings conference call held on Saturday, 23<sup>rd</sup> May 2026, please find attached transcript of the aforesaid Conference Call.

You are requested to take the same on record.

Thanking you,

Yours Faithfully,

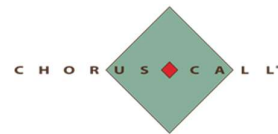
**For Invicta Diagnostic Limited**

**Sanket Vinod Jain**  
**Chairman and Non-Executive Director**  
**DIN: 08299039**  
**Place: Mumbai**



“Invicta Diagnostic Limited  
H2 FY26 Results Conference Call”

May 23, 2026



**MANAGEMENT: MR. ROHIT SRIVASTAVA – CHIEF FINANCIAL OFFICER  
AND WHOLE-TIME DIRECTOR – INVICTA DIAGNOSTIC  
LIMITED**

**Ms. SONIYA NILESH MAHAJAN – COMPANY  
SECRETARY AND COMPLIANCE OFFICER – INVICTA  
DIAGNOSTIC LIMITED**

**MODERATOR: MR. PARTH ACHARYA – KIRIN ADVISORS PRIVATE  
LIMITED**

**Moderator:** Ladies and gentlemen, good day and welcome to the H2-FY26 Results Conference Call of Invicta Diagnostic Limited, hosted by Kirin Advisors Private Limited. As a reminder, all participant lines will be in the listen-only mode, and there will be an opportunity for you to ask questions after the presentation concludes. Should you need assistance during the conference call, please signal an operator by pressing star and then zero on your touch-tone phone.

Please note that this conference is being recorded. I now hand the conference over to Mr. Parth Acharya from Kirin Advisors Private Limited. Thank you and over to you, sir.

**Parth Acharya:** Thank you. Good afternoon, everyone. On the behalf of Kirin Advisors, I welcome you all to the conference call of Invicta Diagnostic Limited. From the management team, we have Mr. Rohit Srivastava, Chief Financial Officer and Whole-Time Director of the company, Ms. Soniya Nilesh Mahajan, Company Secretary and Compliance Officer. With that, I now hand over the call to Mr. Rohit Srivastava for opening remarks. Over to you, sir.

**Rohit Srivastava:** Thank you, Parth. Good afternoon, everyone. On behalf of Invicta Diagnostic Limited, I welcome you all to our first earning conference call. Thank you for joining us today and for taking time to understand a business growth strategy and long-term vision. This is an important milestone for us following our listing on NSE Emerge in December 2025 and we sincerely appreciate the trust and support extended by our shareholders, investors, analysts, healthcare partners, employees and all stakeholders associated with our journey. Invicta Diagnostics operates under the consumer brand of PC Diagnostics and is focused on providing integrated diagnostic services across Mumbai Metropolitan Region.

Our business is built around advanced radiology services supported by pathology offerings, enabling us to provide comprehensive diagnostic solutions under one platform. Today, we operate eight diagnostic centers in the Mumbai Metropolitan Region and one in Nashik offering advanced imaging and pathology services through an integrated hub and spoke model. Radiology remains the core strength of Invicta and our business, given its high entry barriers, technology intensity and strong operational capabilities, while pathology complements the patient ecosystem and enhances the service.

Our journey over the last few years has been focused on building a scalable and quality-driven diagnostic platform across Maharashtra. We started our journey in 2021 with the establishment of our first fully integrated flagship diagnostic center in Thane, offering advanced modalities such as PET-CT, MRI, CT-scan, X-ray, sonography and pathology services. Over the last few years, we have steadily expanded our network through strategic acquisition and diagnostic centers across multiple healthcare sectors such as Andheri, Byculla, Bhayandar, Sewri, Parel, Kalwa and most recently Dadar, where we commenced operations earlier this year.

This expansion has strengthened our advanced radiology capabilities while deepening our presence across densely populated healthcare markets. One of the key strengths of our business is our disciplined and calibrated growth towards the diagnostic centers that we put up.

We focus on building full-service diagnostic centers with strong clinical capabilities and carefully evaluate every expansion opportunity based on operational viability, patient catchment

and long-term profitability. Coming to the operational highlights for the second half of FY26, during the second half of the year, we undertook multiple strategic initiatives that we believe will strengthen our long-term growth trajectory. We have entered the Pune market to set up one of the marquee centers offering the highest end of radiology services in India.

This includes a 3-Tesla MRI and a cardiac 128-slide CT and also the setup of a full-fledged clinical pathology setup. This center, wherein in addition to the advanced facilities mentioned above, we will also be offering services of mammography, digital X-ray, along with scans such as EEG, EMG, NCV, 2D Echos. This center which we are setting up is in the first diagnostic center in Pune, in South Pune rather, to have a cardiac CT facility. And we expect this center of ours to be operational by the month of June.

Another important milestone was the commencement of the commercial operations at our Dadar center towards the end of January 2026. This center is strategically located near Tata Memorial Hospital, where there is a high demand for oncology diagnostics. And this center offers services such as PET CT, CT scan, sonography, pathology, and X-ray. This setup further strengthens our positioning in specialized and high-value diagnostic segments.

With regards to expansion into new geographies, we have also entered Shegaon, a town near Akola, for the setup of a CT scan center within a 100-bedded hospital by the name of Sant Nagari Multi-Specialty Hospital. This is one of the largest hospitals in the district and we have entered over there for a CT scan setup and we will be exploring further opportunities as the hospital becomes full-fledged operational. We expect this center to be operational between June to July.

We also marked our strategic entry into Nashik through the acquisition of Vinchurkar Diagnostic Private Limited. This transaction, unlike our previous greenfield projects, is actually an acquisition where we have agreed to acquire a 95% stake for a total consideration of INR7.6 crores. We already completed the first phase of the transaction through the acquisition of a 51% controlling stake. This acquisition provides us entry into a well-established healthcare market. In addition to that, it allows us to leverage one of the oldest brands in the city of Nashik and is very much in line with our Maharashtra-focused expansion strategy.

Coming to the financial performance. For the second half of FY26, the total reported income was INR15.96 crores. The EBITDA stood at INR3.55 crores, and the net profit was at INR0.79 crores. The EBITDA margin for the second half was 22.4% during this period. For the full year FY26, total income has increased to INR33.04 crores from INR30.18 crores in FY25. EBITDA increased to INR10.45 crores from INR9.29 crores, while EBITDA margins improved to 31.63%. Net profit for the year stood at INR4.87 crores with a net profit margin of 14.74%.

At this stage it is important to highlight that the company is currently in an active investment and expansion phase. During FY26 we continued to invest towards network expansion, infrastructure strengthening, and long-term capacity creation, resulting in cash outflow of approximately INR12.96 crores towards the purchase of fixed assets.

As part of this growth phase, depreciation expenses increased by approximately 31% to INR3.25 crores in FY26 from INR2.49 crores in FY25, primarily reflecting the higher asset base created

during this year, while newly operational centers are currently in the process of scaling up utilization and pushing patient volumes. We believe these investments are laying a strong foundation for future growth and operational scale. As our recently added centers continue to mature and ramp up operations, we expect stronger revenue contribution and improved operating leverage over the coming periods.

Looking ahead, our focus remains on disciplined expansion across Maharashtra with continued emphasis on advanced radiology services. We aim to significantly scale our network over the next few years while maintaining operational efficiency, clinical quality, and capital discipline. We also see long-term opportunities across Tier 2 and Tier 3 markets. Partnerships, selective center additions, alongside physical expansion.

We continue to evaluate technology integration opportunities including AI-enabled radiology reporting to improve reporting efficiency, scalability, and clinical accuracy over time. We remain committed to building a differentiated and sustainable diagnostic company focused on healthcare quality delivery and long-term value creation.

Before I conclude, I would once again like to thank all our stakeholders, including our doctors, employees, shareholders, healthcare partners, and patients for their continued trust and support.

**Rohit Srivastava:**

With that, I would like to open the floor for questions and answers. Thank you, everyone.

**Moderator:**

Thank You. We will now begin with the question and answer session. Anyone who wishes to ask a question, may press \*and 1 on their touchtone telephone. If your wish to remove yourself from the question queue you may press \* and 2. Participants are requested. to use handsets while asking a question. Ladies and gentlemen, we will wait for a moment while the question queue assembles. Your first question comes from the line of Mahesh Sheth with VY Capital. Please go ahead.

**Mahesh Sheth:**

Yes. Thank you for the opportunity. I wanted to ask, our revenue growth has moderated despite ongoing expansion. So, what are the key operational factors currently limiting faster growth?

**Rohit Srivastava:**

Let me answer that in two ways. First of all, our current centers which are there are mature centers. Their capacity to grow the additional revenue would be more towards organic growth. We have invested in machinery over there so that we can cater to a higher patient volume. So, that should increase our growth. But majority of our future growth would be coming from new center expansion.

So, at this point of time in FY26, we have expanded only one new center which is the Dadar Center which has come up and it started operation on 30th. So, so far it has reflected only two months in this particular financial year. So, going ahead with our expansions, once the centers become operational, you would see revenue growth coming from them.

If your question was more related to why there was a dip in the overall sales in the second half compared to the first half, this was primarily, this is a very, very common to most diagnostic companies because the first half of a financial year has almost, accounts for almost 55% of the sales whereas the second half accounts for around 45.

The reason behind this is the fact that in the first half, we get the month of June, July, August and September. These are called the peak periods because of monsoon wherein the number of patients who are falling ill is higher and there are higher number of diagnostic tests being prescribed. And the second half, we have got the month of December and March. December is a very healthy month because of the temperatures which are there, it is very pleasant.

And usually, the patient volume is seen lesser in the month of December and March because of the summer as well as there are a lot of holidays with regards to travel. So, that is why the diagnostic tests which are done during these periods are lesser. So, that is why you see this kind of case to be across the entire diagnostic industry. Okay, got it.

**Mahesh Sheth:** And radiology contributes more than 90% of revenue today. So, do you expect this mix to remain similar going forward or will pathology become a bigger contributor?

**Rohit Srivastava:** So, we are a radiology focused company. In fact, majority of our IPA proceeds have entirely been utilized after the purchase of radiology equipment, advanced equipment. The radiology focus will definitely continue.

However, we are going to have a focus on pathology to increase it as a percentage of overall turnover. But we will continue to be a radiology dominated company where radiology services the large share of the overall sales.

**Mahesh Sheth:** Okay, got it. And as you said, you will be increasing the pathology's contribution to the revenue. So, what strategy is being followed to scale this pathology meaningfully?

**Rohit Srivastava:** So, basically, we have stayed away from the home collection market. Prima facie, it has become a hyper competitive place over there with the likes of 1G, FarmEasy, everyone looking to cater to that. So, we have stayed out of that on purpose because at this point of time, people are willing to burn money to acquire market share.

What we are focusing on is growth through pathology where ancillary tests which come with our radiology are done. So, that is what we are primarily catering to. We are also looking to increase our outreach towards doctors or additional pathology coming from them within these particular centers itself. We are not looking to get into the hyper competitive market of healthcare checkups and home collections aggressively. Okay.

**Mahesh Sheth:** And I also want to know like what is the current utilization trend across your major radiology assets like MRI, CT, and PET-CT? So, how long does a new center usually take to stabilize operationally?

**Rohit Srivastava:** Basically, let me first talk about where our capacity utilization is at that point of time. In our existing centers which have been operational for a few years, we are at very mature stages of utilization between 75% to 85% of capacity utilization. This capacity prima facie is unique to MRI because with CT, we do not face the challenge.

As in COVID period, we have seen diagnostic centers do 100 to 200 CT cases in a day. So, that challenge is not there. But with MRI, there are huge capacity restraints. So, when I talk about

capacity utilization, it's primarily I'm talking about MRI because the number of scans that can be done is limited during the whole day.

We are looking to expand this capacity by investing in machines which can do faster scans, by investing in tech which can reduce the time which is taken for the scans through AI selection of images being more efficient with regards to the managing of patients at the center. Those are the ways in which we can increase this capacity.

But at this point of time, we are at 75% to 80% capacity. With regards to the second part of your question as to how our operational centers work, our goal usually is to achieve operational break-even for any diagnostic center which is set up within six to seven months of its setup. That is usually our goal. That is what we have seen in our history. That usually centers achieve operational break-even during this period of time.

**Rohit Srivastava:** After that period, we see EBITDA contribution coming in from these centers.

**Moderator:** Thank you. The next question comes from the line of Priya Jain with Green Capital. Please go ahead.

**Priya Jain:** Hello, sir. I have a few questions. Firstly, I am new to Invicta and I am joining the call for the first time. My first question is how difficult is it currently to hire and retain skilled radiologists and technicians especially while expanding into newer cities?

**Rohit Srivastava:** So, the acquisition, the hiring of skilled staff is always a challenge. But given our network and outreach that we have developed over a period of years, not just to MMR but our network that we have with a lot of radiologists across the state, the challenge is somewhat mitigated. This challenge is particularly common with regards to sonography because for sonography, the radiologist himself or herself has to do the scan by his hand.

So, that becomes one of the challenging pieces with regards to recruitment. With regards to the reporting for CT, MRI, that is not really that much of a challenge because tele-radiology allows us to report all of these cases from anywhere in the world. So, that doesn't really impact us. But we have got a sufficient network across Maharashtra that we are able to hire quality staff for each of our new centers.

**Priya Jain:** How many centers are currently operating below breakeven level?

**Rohit Srivastava:** So, at this point of time, we have got our newest center which is started in the month of, I mean January end, which is operating, which is not operationally broken even as yet.

**Priya Jain:** Okay. I will come to queue sir, for a follow-up question. Thank you.

**Moderator:** Thank you. The next question comes from the line of Amit from MIT Engineers. Please go ahead.

**Amit:** Am I audible?

**Moderator:** Yes, sir. Please go ahead.

- Amit:** Yes. The first question is regarding the IPO objects. Now, in the IPO, basically, you raised the INR21 crores for purchase of the medical equipments to the establishment of the five new diagnosis centers in Maharashtra. So, can you tell me how much money from that INR21 crores have you deployed already?
- Rohit Srivastava:** Sir, in the last financial year, we have already disclosed. We have basically, for this amount, we have just utilized INR2.27 crores at this point of time, till 31st March.
- Amit:** Okay. So, when will you utilize the remaining funds? Timeline, can you tell me?
- Rohit Srivastava:** So, basically, at this point of time, like I said, Vinchurkar Diagnostics is one of the acquisitions that we are doing through an IPO fund. Over there, we are going to be deploying our Pune Center, which is coming in. Over there, the deployment would be happening. Our Shegaon Center, which is coming. Over there also, the deployment would be there. And for the payment of the PET-CT machines at the Dadar, those funds would be being deployed.
- Amit:** So, that is nice. My simple question, sorry to interrupt, but my simple question is, you raised INR21 crores, how much time it will take for the complete utilization of that fund? I just want a timeline so we can understand how the growth will kick in?
- Rohit Srivastava:** Sir, at this point of time, if I have to give a timeline, ideally, we would like to deploy this entire fundraising, complete this entire deployment within this financial year itself.
- Amit:** Okay, okay. Now, the second question is, I think in FY26, the number of the tests performed is reduced considerably from 1,76,248 to 1,54,675. So, there is a number of tests.
- Rohit Srivastava:** Sir, can you come again? I could not get.
- Amit:** Hello? Hello?
- Rohit Srivastava:** Yes, sir. Can you come again?
- Amit:** Yes. Yes. Actually, in the FY25, the number of the tests performed something about 1,76,000. But in FY26, it reduced to 1,54,000. Can you tell me what is the reason for that drop in the test performed?
- Rohit Srivastava:** Yes, sir. See, basically, our philosophy has always been with regards to all our equipment, right? At the start of it, we start doing a lot of discounted tests because we've got excess capacity which needs to be filled. So, we look to get the capacity utilization as close to maximum that we can.
- Once we start achieving that, it is not physically possible for us to add on more number of patients over there. So, at that point of time, what we start doing is that we increase the pricing, right? So, a few of the clientele which are on the lower side of it, they start dropping off and start again going to government centers rather than coming to us. But our overall pricing, which is there, goes up or the net realization per test goes up, per patient goes up.
- Amit:** Okay. And now the third question is regarding the H2 performance. You know, market doesn't like the H2 performance because H2 is a really shocker. Because INR79 lakhs profit, we were

never expecting from the company like you. So, can you tell me, if you repeat it in the H1 FY20, the fear of the market is that if you repeat this in the H1 of FY27, then it will be disastrous for us as a shareholder.

So, can you assure us and give us the guidance, what your top line and the bottom line we can do in the H1? Because H1 is the seasonally heavy. So, that's why we want some clarity.

**Rohit Srivastava:**

Sure, sir. So, let me answer that since you have asked this question with regards to the second half performance. If you see our differentiation which has come in during this period, it's particularly for this, overall this six months, around INR65 lakhs has come in because of additional depreciation that has come in.

And INR77 lakhs has come in because of other expenses. These other expenses, sorry I beg your pardon, and INR140 lakhs has come in because of employee benefit expenses. So, these -- what happens is in the second half of the year of any particular year that happens, the bonuses, the Diwali bonuses, the year-end bonuses, everything gets recorded in the second half. So, that is why that is that -- jump which is seen as in the employee benefit expenses and the depreciation which is there.

And the second part is, as our normal business cycle, we have the second half of the turnover, I mean, second year has been of the turnover has been approximately 48% and the first half has been around 50% plus. So, that's why there has been a dip of sales compared to the first half of around INR1.5 crores. This is what is actually accounting for it.

If you see me on a year-on-year basis, we have grown. We have grown both on our EBITDA as well as my sales. The PAT is very much a function of depreciation which gets impacted. So, you've got to understand the line of business. We are a very capex-heavy business. As I expand, depreciation will continue to grow for me. So, I usually, I always ask my investors and analysts to look at me more from an operational profit perspective. That continues to grow.

Whereas, anything below the operational profit is -- those are tax adjustments with regards to depreciation, with regards to deferred tax and everything. So, that is where the differential is. So, as long as my focus will always be my EBITDA, where my agenda would always be to grow that year-on-year.

**Amit:**

Okay. And what is your guidance for the -- because already two months passed and you must have the clarity now. So what I'm talking about the full year guidance and even the H1 '27 guidance. Most of the companies are giving you know SME that they are targeting this? So can you give us a guidance to calm down...

**Rohit Srivastava:**

Sir, rather than getting specifically in the figures which are there, I would talk about the growth that we are achieving, right? So, with regards to the Vinchurkar Diagnostics that we have acquired, last financial year, they had a top line of around INR5-odd crores and a 30% EBITDA of INR1.5 crores, right? That is what they have closed. We have taken on that 51% and we are acquiring the balance portion within the next three months.

The second part is my diagnostic center, which is a PET-CT center. So, we have been achieving a profit for the last two months. We are expecting -- we have been doing around between INR15 lakhs to INR18 lakhs of top line over there, for the two months which was there. So, these will continue to grow. My CT-MRI center, which we are setting up in Pune, those are -- like I mentioned, at the start it's a 3-Tesla MRI and a cardiac CT. We have high expectations of growth over there, also coming. I would not like to get into specific numbers, because those would be market sensitive information which I might be breaching.

**Amit:** No, no, sir. Sorry to interrupt. You know, you are having a legitimate right to at least give the investors, once the listing is over. During RHP filing and the IPO, you are restricted, but now you are not restricted. Every company in the SME, they are giving the guidance and they are giving us the guidance in the return, you know.

So, there is no problem in that, because guidance must, you must give the guidance, a little bit of guidance, percentage, and I am not talking that, you are going to perform that. But what is our expectation? From FY26 to FY27, 30% CAGR growth, we are targeting with this IPO money. That's how you can say, sir.

**Rohit Srivastava:** So, let me defer this to our compliance officer. Let me just say, Ms. Soniya, if you don't call, can you just confirm, what sir is saying, whether we are in a position to disclose this?

**Soniya Mahajan:** Okay. Hi, this is Soniya Mahajan, Company Secretary. Sorry, sir, actually, we would not be in position to share any information that has not been publicly disclosed.

**Amit:** Sorry, madam. You just go through the SEBI guideline. Once the IPO is listed, you can, you know, in the conference call and in the public information, you can disclose what companies targeted. Even the main Board companies are giving, I can give 20, such examples in the, because I'm having 100, investment, 100 of SME companies, and every company is giving, last month, freshare I don't give the 50% guidance, return, I can send you right now. So, you just recheck, because, you know, we investors are worrying about the growth...

**Rohit Srivastava:** Let me address this query of yours. I'll, we'll ask, we'll do a double check on this. This is what our compliance guided on us. Right. Soniya, kindly take this into account. If this is permitted, we will come back with...

**Amit:** Sir, you can give the notification also. Nothing wrong in it. Every company is giving notification.

**Rohit Srivastava:** I can give the answer. What can I give?

**Amit:** Yes, even you can give the notification on the exchange, so everybody will get benefited and, you know...

**Rohit Srivastava:** Yes, that's the thing, sir. Whatever guidance is given, we will give it to NSE, so that it would be available for the entire public.

**Amit:** Yes, yes. And even, sir, even if you are, the Company Secretary wants to talk to me directly, I will provide, at least 20 examples, NSE guidelines, things also. So, it will get beneficial for us. Okay. Thanks a lot. Thank you.

**Moderator:** Thank you. The next question comes from the line of Abhishek Bhattacharya with SMIFS Limited. Please go ahead.

**Abhishek Bhattacharya:** Hello, sir. Thank you for the opportunity. Yes. So, what I wanted to ask is that, what is the current progress on Pune expansion and when can investors can get a meaningful contribution from Pune market?

**Rohit Srivastava:** Sir, we are expecting the center to be operational in the month of June, right? And any center that we start, our goal is to have I mean, as I mentioned, that our goal is that it should be operationally breaking even within six months. So, for EBITDA contribution to start coming in, it would take at least six months from there, sir.

**Abhishek Bhattacharya:** Okay, okay. So, which are the upcoming cities that are currently under evaluation apart from Pune, Nashik, and Akola region?

**Rohit Srivastava:** Sir, see, we are continuing to -- I mean, rather than focusing on just cities, we are looking at building more networks. So, for example, we are exploring multiple locations. We are including MMR. We are looking to expand within the MMR region itself. We are looking at Pune also, because just one center in a particular city will not probably build in the efficiency as much as having multiple centers. So, we are looking at Pune, also at Nashik, sir.

We are also looking that if we can have -- because over there, there is also a large base. We are looking over there, but we are not limiting ourselves. We are also looking at other cities within Maharashtra where we can set up operational centers, but entirely based on research where we do basis the number of referring doctors which are there with regards to orthopaedic neurons, what is the overall current load that the existing centers have, what is the population XYZ.

So, this is all research base that we look at, but there is no particular cities where I could tell you that, okay, here we are interested, but we are more interested in Pune where our existing centers already are to increase our reach and build in more operational efficiency because of that.

**Abhishek Bhattacharya:** Okay, but I know you already answered, but I just wanted a more brief about how do you select a city or micro market which is attractive enough for expansion?

**Rohit Srivastava:** Basically, one of the first guidelines that we take is the MRI centers which are there. So, population density, if it is less than one MRI to seven lakhs of population, then that becomes an interest for us. That is the first tick box.

The second is what are the referring doctors that are there, how many orthopaedic, how many neurons are there. The third point becomes the government hospital over there which is there in that particular region. What are the number of scans that they are doing? Do they have MRI facilities available? And if they do, what are the caseload that they are doing and what is the waiting period? These are the few basic things that we look at?

And of course, the fourth one is that our competitors, what is their caseload that they are doing? And even if we take a percentage away from them, would that still be profitable for everyone?

So, basically, in a place, let us assume that there is a diagnostic center in a particular area, there is a waitlist of a day or there are patients who are bouncing and there are, in a particular day, a center is losing, let us say, around five to seven appointments on a daily basis because of the fact that they are unable to adjust the timeline. Then that becomes a good opportunity for us to explore.

**Abhishek Bhattacharya:** Okay. How many of your centers are, they currently hold NABH or NABL accreditation? And for the centers that are not yet accredited, where are you currently on that accreditation process?

**Rohit Srivastava:** Frankly, we have not taken NABH or NABL accreditation directly into our centers. Primarily being because of the fact that NABH becomes very important if you are going for government schemes, such as CJS, ESIC schemes, which are there, that holds a lot of value. But we have stayed away from all the government businesses.

We have stayed away from government businesses because of huge credit cycles, which are there, where money takes anywhere between 9 months to 18 months to come back to us. That entire working capital cycle doesn't work for us. So, because of that, while we are operating highly efficient, as well as quality conscious centers, we have not seen the need to take NABL or NABH accreditation because we don't, at this point of time, we have not seen any value coming from there.

**Abhishek Bhattacharya:** Okay. One last question. What is the average turnaround time for pathology reports and radiology reports?

**Rohit Srivastava:** Usually, with regards to radiology, we follow a tag wherein if the reports are done by 11 to 2 p.m. on a day, then we want them reported off by evening 5 to 6. If they're done between 2 to 5, we look to have them reported by 9 p.m., 9 to 10 p.m. the same day. And anything going beyond our scans happening after 5 to 6 p.m., we report it by 12 p.m. the next day.

With regards to emergency reports, we look to maintain a tag of 2 hours. With regards to pathology, any reports which are done again by 2 p.m., we give it off by the evening. And 2 to 6, we look to have them ready by end of day. And any pathology happening after that, we look to give it the next day.

**Abhishek Bhattacharya:** Okay. Yes. Great. Thank you. I will be joining back in the queue and for any further questions.

**Moderator:** Thank you. The next question comes from the line of Anjana Nambiar, an Individual Investor. Please go ahead.

**Anjana Nambiar:** Hello. Am I audible?

**Rohit Srivastava:** Yes.

**Anjana Nambiar:** So, my first question is, what are the major risks the company faces in its current expansion plan?

**Rohit Srivastava:** Sorry, ma'am. Can you be a little louder? Your voice is a little people.

**Anjana Nambiar:** Am I audible right now?

**Rohit Srivastava:** Yes.

**Anjana Nambiar:** What are the major risks the company faces in its current expansion plan?

**Rohit Srivastava:** So, the risks which are there with regards to expansion on the primary risk which is there with us is if the site selection goes wrong. I mean, despite all the research and everything that we do, if after putting up, we are not able to, achieve the operational rate even within 6 to 7 months, that becomes a major risk for us.

The second risk is that entry of extreme competition following us. So, that is not of course controllable by us, but if a particular geographic location becomes hyper competitive. Now, I mean, for those people who are from Mumbai, if I were to give an example of a location such as that, I would talk about Ghatkopar. Ghatkopar West especially, has been a hyper competitive area because of the entry of multiple MRI centers within a very short span of time following each other. So, these are the two major operational risks, which are there.

Besides that, the risks which are there are with regards to, again, the quality of reporting which is there, but we manage to hold that. And the turnaround times, sometimes the patient expectations are much higher and we need to cater to deliver that. But the operational risk, major operational risk is the wrong site selection.

**Anjana Nambiar:** Okay. So, are pricing pressures increasing in advanced imaging services such as MRI and CT scans?

**Rohit Srivastava:** So, there is pricing pressure for sure. See, we'll have to talk a little historically. What has happened is that the dollar has gone on appreciating against the rupee. The cost of machines are going up, but our scan prices for the last 15 years have almost remained the same. Just to put things in perspective, the BMC rates and the CGHS rates which were there, which were established in somewhere in 2005 at INR2,500 per scan, 20 years later are pretty much the same.

Hardly been there, incremental over there. So, that definitely impacts. But the fact is that India is such a huge place where huge volumes can be done. So, that's why at this point of time, we are focusing on increasing the capacity and finding ways to do scans on a faster pace so that we can offset the pricing pressure by doing a higher volume.

**Anjana Nambiar:** Okay. So, like what percentage of patient inflow currently comes through doctor referrals versus direct brand drive-in, walk-ins?

**Rohit Srivastava:** So, again, that is very subjective. So, I'll talk about the start of a center. So, our centers are basically hyper local. They are catering to a particular demography in a particular geographical area. So, what happens is in the start -- when we start a center, almost 95% of the business is doctor referral. As the center matures, this percentage goes on dropping down. But even after a mature center, there are doctor referrals account for almost 50% and the 50% is by direct.

**Anjana Nambiar:** Okay. Thank you, sir. That's it from my side. Thank you for answering my question.

**Moderator:** Thank you. Your next question comes from the line of Dhanraj Solani with Kuber Advisors. Please go ahead.

**Dhanraj Solani:** Hello. Yes, sir. Thank you for the opportunity. I have a couple of questions, so I'll just start with...

**Rohit Srivastava:** Could you be a little louder?

**Dhanraj Solani:** Am I audible now?

**Rohit Srivastava:** Yes.

**Dhanraj Solani:** Okay. So, I just wanted to know what percent of revenue comes from B2B institutional business or if I compare with the direct consumer walk-ins?

**Rohit Srivastava:** Basically, almost 85% to 87% of our business comes direct customer and the rest is then institutional.

**Dhanraj Solani:** Okay. And what is the typical payment cycle and working capital rate?

**Rohit Srivastava:** You're talking about with regards to the credit business or you're talking about with regards to overall business?

**Dhanraj Solani:** Especially if I speak about the B2B business because what should be the range, typical payment cycle like you don't have the credit or...?

**Rohit Srivastava:** We give them a credit period of 45 days, but that does tend to stretch a bit to as high as 65 to 90 days of their time.

**Dhanraj Solani:** Okay. And also, are there any plans to actively participate in government contracts or even PPP healthcare products?

**Rohit Srivastava:** So, while we are open to that, I mean, we are definitely open to that. But at this point of time, what happens is PPP contracts, which are there, they have an entry barrier with regards to the fact that they want all machines that are being put up to be new. And that too, three Tesla MRIs -- majority of the places want three Tesla MRIs to be put up. The entire project cost drastically increases because of that.

So, a three Tesla MRI new would cost me upwards of INR10 crores. And in addition to that, the scan prices are fixed at INR2,500. And in addition to that, the credit cycle is there, which can extend to as much as 18 months. So, that adds a lot of pressure to the working capital and cash availability with regards to the overall business. If we get an opportunity where some of these risks are mitigated, we would definitely be open to that.

**Dhanraj Solani:** Got it. And also if I speak about the data centers, this is strategically located...

**Rohit Srivastava:** I'm sorry. Can you be a little louder? I can't hear you.

**Moderator:** Dhanraj sir, if you are using any other mode apart from handset mode, we request you to use the handset, please.

**Dhanraj Solani:** Okay. Am I audible now?

**Rohit Srivastava:** Yes.

**Moderator:** This is much better.

**Dhanraj Solani:** So, I wanted to know about the Dadar center which is strategically located near Tata Memorial Hospital. So, are we already seeing strong oncology-related demand from the centre?

**Rohit Srivastava:** So, in fact, in the second month of operation itself, we started doing around 80 PET scans, around 75, 80 PET scans during that month. Given our history with regards to the Thane center, this was a much higher number than we had done in Thane at the start of the business.

**Dhanraj Solani:** Got it. And what kind of revenue...

**Rohit Srivastava:** Yes. So, we expect these numbers to continue to grow strongly.

**Dhanraj Solani:** Okay. So, once this reaches maturity, what kind of revenue potential do we expect?

**Rohit Srivastava:** Let me take the example of my Thane center. So, on an average, we are doing approximately 300 to 330 patients over there on a monthly basis. And the average revenue that we get from there is approximately INR15,000 per scan.

**Dhanraj Solani:** Okay.

**Rohit Srivastava:** Now, that center is nowhere close to any tertiary centre like Tata. So, we are just doing the larger Thane market over there.

**Dhanraj Solani:** Okay. Yes. So, thank you, sir. Thank you for answering the questions. That's all from my side.

**Moderator:** Thank you. The next question comes from the line of Nidhi Purohit with Finex Capital. Please go ahead.

**Nidhi Purohit:** Hello.

**Rohit Srivastava:** Hello.

**Moderator:** Yes, ma'am.

**Nidhi Purohit:** Hi, sir. Actually, I just wanted to know, do you currently have a mobile app or digital platform for appointment booking and report delivery?

**Rohit Srivastava:** So, no, ma'am. We have not set it up. Frankly, we are looking to expand our network on a larger scale and wherein these investments make a lot more sense when you've got a larger

geographical presence with regards to this. But it is on our to-do list. It is on a to-do list, but it is not on top of it. We will look to develop it or we might, you know, take on the services from a third-party app to deliver the same. But it is on our to-do list.

**Nidhi Purohit:** All right. And, sir, are you already using any AI tools in radiology reporting or are these still at an evaluation stage and how much improvement in reporting efficiency and turnaround time can AI realistically bring over the next few years?

**Rohit Srivastava:** My personal opinion is that AI is going to be a disruptor to an extreme proportion when it comes to radiology, because radiology entirely entails observation of the images and interpreting those said images. Now, the AIs which are being currently trained on various models are seeing hundreds of thousands of studies. That is probably more studies than a radiologist has been trained on even after our work done after, you know, three, four years of experience also.

But, however, at this point of time, there are a lot of hallucinations which are there in the AI, wherein it calls a lot of positive findings in addition to what is there. So, at this point of time, it's acting more as an enabler for the radiologists to be able to understand where those, shall we say, suggestive findings could be. And it is an enabler for the radiologists rather than a replacement. But we are seeing very good tools to be utilized in the AI reporting field.

**Nidhi Purohit:** Okay, thank you, sir. And EBITDA margins have remained above 30% despite expansion investments. So, can margins sustain at similar levels as newer centers ramp up?

**Rohit Srivastava:** Ma'am, that's a very good question. The short answer is no because what is going to happen as our centers expand is that they will add revenue. My older centers which are there, they will continue to perform and deliver EBITDA to me. But as my centers expand, they will contribute revenue.

Like I said, my centers will be operationally breakeven within 6 months. So, those 6 months, there will not be any EBITDA contribution coming from them, but turnover addition would be coming in. So, that would drag my margins down. The second part is for me to arrive at this 30% EBITDA, it takes a period of time. So, yes, there would be margin pressure, but while the percentage might fall down, our goal is to have incremental EBITDA year-on-year despite the margin contraction which may happen.

**Nidhi Purohit:** Okay. Thank you, sir, for the answer.

**Rohit Srivastava:** Ma'am, let me add that, I mean this also is in regards to the query there from the earlier gentleman where he was talking about us giving guidance. Ma'am, we are also exploring other businesses with regards to radiology. So, we were already in Tele-radiology. We have also started now looking at overseas Tele-Radiology that is what we started looking and we expect that also to be adding significantly going ahead, which would be and shall we say a very asset-light vertical wherein I would be leveraging my bench strength of radiologists to be reporting cases for the US.

**Nidhi Purohit:** Okay.

**Rohit Srivastava:** And that is where the AI tool is becoming very helpful and essential.

**Nidhi Purohit:** Okay, sir. Thank you. Thank you so much.

**Moderator:** Thank you. The next question comes from Aditya Bhutra with Avora Advisors. Please go ahead.

**Aditya Bhutra:** Hi, good afternoon. Thanks for taking my question. My first question.

**Moderator:** Aditya your voice is very feeble. Can you be a little louder?

**Aditya Bhutra:** Hi, is this any better?

**Moderator:** Yes, much better.

**Aditya Bhutra:** So, I was saying my first question is related to the answer that you just gave to the previous participant. It's about the Tele-Radiology services in the US, right? So, I'm curious why you chose US as a region to expand overseas and if you see any significant benefits in just that region or other countries as well?

**Rohit Srivastava:** So, let me just first explain how the Tele-Radiology of US works. So, basically what happens is the caseload of US is much higher than that can be easily serviced by the radiologists over there. So, the Indian radiologists do pre-reads for them. So, they are not the signatories for it. We do pre-reads for them, which are then signed off by the emergency board certified radiologists.

At this point of time, while we have entered the US market, we are also actively exploring such contracts in other markets also, be it the UK, Canada, all these places wherein the volume of cases are more than reported locally.

**Aditya Bhutra:** All right. Then my next question is about the conflict in the Middle East because there's got a lot of disruption in supplies including helium. And as far as I understand, helium is used in certain radiology operations as well. So, I just wanted to get a take if we have been affected in any way in that regard?

**Rohit Srivastava:** So, that's a fantastic observation. The fact is that, yes, helium has drastically been impacted and we are seeing incremental prices for the machines being impacted due to that. But luckily for us, all our contracts and everything that we entered into were prior to these escalations coming into play. So, our current expansions which are underway have not been adversely impacted and we've managed to arrange the helium. But that remains a risk going forward.

If this does not get resolved very easily, then the helium prices will impact the overall pricing of the machine. But that is a one-time impact for us because while our MRI machines do require helium, they are zero boil-off heliums. And we do not require on a quarterly basis.

That's a one-time impact that comes in. And these machines after that are under comprehensive maintenance contracts. So, in case any helium requirement is there, these are covered in the comprehensive maintenance contract. So, operationally, they will not impact us, but they may impact us on a fixed asset basis.

**Aditya Bhutra:** Understood. All right. So, then the last question is about what has been mentioned in the Investor Presentation wherein it says that we are targeting three times the number of centers that we have currently in three years. So, just wanted to get a sense as you think it also translates in a similar fashion to revenue as well in the next three to four years?

**Rohit Srivastava:** Goes without saying Aditya. Aditya, just to bring this in perspective, at this point of time from the day of my IPO where I had four hub centers, and overall other spoke centers which were there, I am at this point of time setting up four additional hubs right now. So, that's an almost doubling of my hub center expansion which is there.

At the same time, we are very actively focusing on the acquisitions also. We are open to acquisition. We are looking acquisitions along the lines of Vinchurkar that we did, wherein we can get a set business wherein we can bring in operational efficiencies and marketing and branding to increase the overall sales and incremental EBITDA. So, we are looking at that.

And given the fact that we are a debt-free company, access to capital is largely available to us. So, that part should not be challenging. And we are again an extremely cash flow positive company. So, even servicing of that debt will be very convenient, very easy for us. So, that is a larger plan which is there. So, that goal of expansion, increasing the numbers by around three times is very much part of our target and we are looking to achieve the same.

**Aditya Bhutra:** Great. Sounds good. All the best. Thank you.

**Rohit Srivastava:** Thank you.

**Moderator:** Thank you. Ladies and gentlemen, as there are no further questions, I would now like to hand the conference over to Mr. Parth Acharya for closing comments.

**Parth Acharya:** Thank you everyone for joining the conference call of Invicta Diagnostic Limited. If you have any further queries, you can write us at research at the [research@kirinadvisors.com](mailto:research@kirinadvisors.com). Once again, thank you everyone for joining the conference.

**Moderator:** Thank you. On behalf of Kirin Advisors Private Limited, that concludes this conference. Thank you everyone for joining us and you may now disconnect your lines.