DOTZZA

Collaborative Project Management & Communication Tool for Healthcare Teams

with prudent use of AI

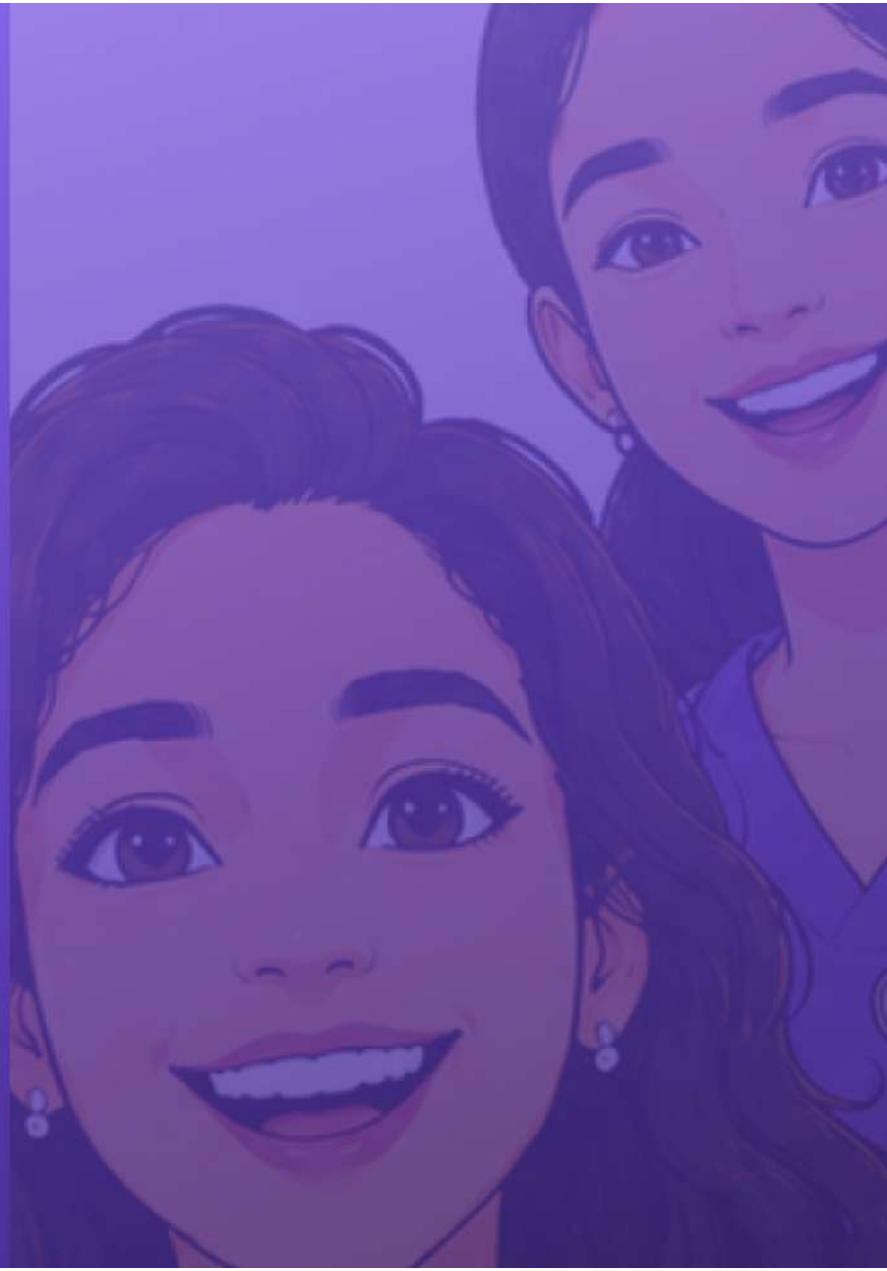
Productivity in Healthcare Education

Mission

Our mission is to empower healthcare teams with an intuitive Collaborative Project Management & Communciation platform that streamlines collaboration, organizes everyday workflows and enhances productivity in healthcare education and knowledge sharing

Vision

Our vision is to become the Leading Project Management & Communication Platform & for healthcare teams in education by 2027, achieving widespread adoption revolutionizing how tasks are managed and insights are shared.



Problem

Everyone is doing their job.
The system still fails.

Healthcare Students

A dissertation run across a WhatsApp group, 3 email threads, and a Drive nobody updates.

They are not disorganized. They were never given a system.

Healthcare Mentors

Twenty students. Hundreds of signals — a missed milestone, a quiet week, a submission gone silent. No inbox surfaces them.

They are not stretched too thin. They were never given a signal.

Healthcare Institutions

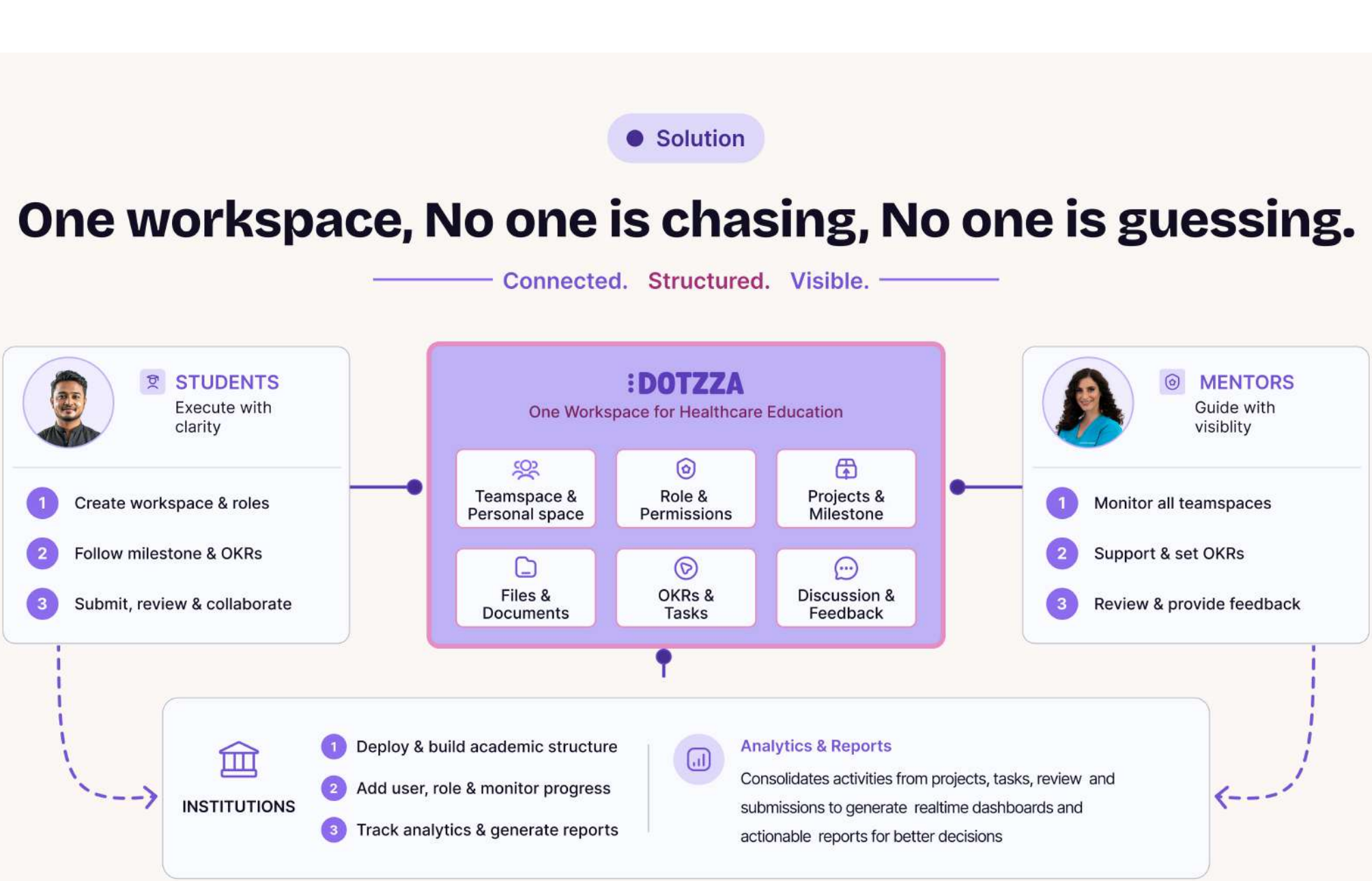
Cohort health decided on semester-end results, because that is the only data that exists.

They are not making bad decisions. They were never given the data in time.

Solution

One workspace, No one is chasing, No one is guessing.

Connected. Structured. Visible.



For Whom

Built for the way
healthcare teams work together

Whether you're among a classroom , a cohort, or a research group — Dotzza adapts to how your team actually collaborates.

STUDENTS

Structure from day one — templates, teamspaces, chat, files, and OKRs for every academic project

BEST FOR

MBBS · MD · MS · BDS · MDS · BSc Nursing · MSc Nursing · BPharm · MPharm · BPT · MPT · Allied Health Sciences · Postgraduate Researchers

MENTORS & GUIDES

A live, organized view of every student you supervise — submissions, progress, and early signals in one place.

BEST FOR

Guide Doctors · Faculty · Clinical Supervisors · Research Coordinators · Department Heads · Postgraduate Coordinators

INSTITUTIONS

Live analytics across cohorts, departments, and guides — support students while there's still time to act.

BEST FOR

Medical Colleges · Dental Colleges · Nursing Institutes · Pharmacy Colleges · Physiotherapy Institutes · Teaching Hospitals · Allied Health Academies · Deemed Universities

Outcome

Same faculty. Same cohort size. A different outcome.

Better execution create better visibility.

Better visibility creates better Institutional intelligence.

Institutional Intelligence

Real-time, credible insights for better decisions.

Mentor Visibility

Right information at the right time for every guide.

Student Execution

Focused work, clear milestones, and on-time delivery.

One connected system

turns fragmented activity into continuous progress.

Early-access feedback, n=7, one dental department; directional evidence, not a scaled-market study.

Why Now

Healthcare education is being measured for the first time.

A regulator just made our problem mandatory.

Competency-based education means an institution must now **show a continuous record** of what each student demonstrated — not a semester-end mark.The institutions carrying that obligation are documented as running on unstructured spreadsheets, with faculty records scattered across departments.

Dotzza produces that record as a by-product of work students already want to do.

Not one regulator. Every regulator, one after another.

National Medical Commission (NMC)

- Competency-based medical education in force since 2019

National Dental Commission (NDC)

- NDC Act 2023 — competency-based UG + PG curriculum plus NExT (Dental)

National Commission for Allied & Health Profession (NCAHP)

- 17 allied curricula mandatory from 2026–27

Market Size

13,403 institutions carry that obligation in India.

Built bottom-up from sanctioned seats and course length — not from a global software forecast.

Adding supervising faculty takes it to **3.69M seats**. Priced at ₹250 per seat per month — our ₹299–399 list, less a 25% institutional volume discount — that is the addressable revenue below.

Dental is the wedge, not the market. 320 colleges, 457 seats each — larger than the national average, and small enough for a founder to reach every dean. Most sit under managements that also run nursing, pharmacy or physiotherapy.

SEGMENT	INSTITUTIONS	ENROLLED
Medical	823	753,000
Dental	320	135,000
Pharmacy	2500	600,000
Physiotherapy	550	135,000
AYUSH	900	302 ,000
Nursing	5,310	853,000
Allied health	3,000	630,000
Total	**13,403**	**3.41M**

TAM **$126M** — Every healthcare student and mentor seat in India

SAM **$44M** — Institutions reachable with today's product and go-to-market

SOM **$3.3M** — 250 institutions by year 5 — 1.9% of the market

Revenue Model

Free for a student. Paid by the institution.

WHAT WE DELIBERATELY DON'T DO

No advertising. No sponsored content. No resale of student data — in any form, to anyone. We are asking institutions to trust us with a regulated academic record.

One subscription. The seat count grows; the product doesn't change.

Product-led adoption. Institutional contracts. The student never pays; the institution always does.

A students

Free

1 Teamspace, 5 members. The wedge — no card, no approval needed.

A DEPARTMENT

₹299–399

'STARTER' pack. Where adoption is proven — a PG cohort running real projects

A COLLEGE

~₹1.5L

per year. 457 seats at ₹250/ seat/month. This is where the contract is signed.

A MANAGEMENT

₹7.6L

per year. The trust or society that owns several colleges on one campus signs once.

UNIT ECONOMICS AT THE INSTITUTION

₹250	457	₹13.7L
per seat / month	seats in a dental college	annual contract value

457 seats is observed at our pilot dental college, not a national average. Sibling-college range assumes nursing, pharmacy or physiotherapy on the same campus.

GTM

Land in a department. Sign the college. Expand across the management.

Dental first — Founder-led motion, where our founder is a peer and not a vendor.

1 LAND

A PG department

A dental PG cohort running real dissertations on the free tier. No procurement to clear — exactly the motion we have already run for 30 days.

Departments activated / month

2 PROVE

The college

Dean and management sign a college-wide contract on the department's own evidence. Founder-led: a Professor talking to a dental dean is a peer conversation.

Colleges signed · days to close

3 EXPAND

The management

Sibling colleges on the same campus — nursing, pharmacy, physiotherapy. Same owners, same signature, no new sales cycle for the rest.

Colleges per management

BEACHHEAD

Proof — dental PG carries medical-level curriculum weight, so what holds here holds everywhere lighter.
Density — 320 colleges is small enough to reach most of them, and references travel.

NOT DOING YET

Government college tenders. Consumer social, influencers, paid ads. Wrong buyer, wrong cycle length.

Early access — first deployment

Our first department asked us to go college-wide

One postgraduate department. Thirty days on the live product.

Five of seven ran a dissertation or thesis on it, to ran systematic reviews, not a trial task. **Five out of seven used the pre-built project task templates, the workflow, no generic tool ships.**

7/7

Came off Whatsapp

Every user's prior method was a WhatsApp group.

7/7

Said adapt it college - wide

Include both faculty guides.

7/7

Used it weekly or more

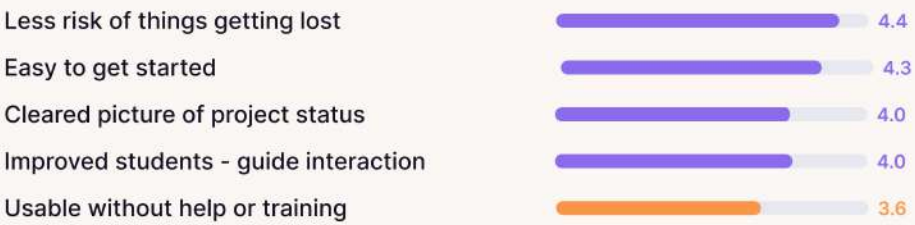
Four of seven, 3-5 times in a week.

~2.6 hrs

Saved per user per week

Self-reported, banded midpoint.

WHAT THEY RATED — OUT OF 5



WHAT THEY TOLD US TO FIX

Onboarding: Scored the lowest. Not because it was confusing, but because the concept was new to users. Once introduced, they found it easy to adapt.

Language. A guide told us the wording reads as built for engineers, not clinicians. We are rewriting it in medical vernacular.

Competitive Landscape

Everyone can hold the work. Nobody moves the signal

	Knows the workflow 14 steps, shipped as structure	Mentor review in the loop supervision that persists	Signal before the deadline while someone can act	Continuous competency evidence builds as work happens	Cohort rollup for institutions no manual compiling
THE DEFAULT TODAY					
WhatsApp + Drive + spreadsheet no vendor, no budget line, no one selling against us	✗	✗	✗	✗	✗
BUILT TOOLS					
Horizontal PM Asana · Notion · ClickUp	✗	✗	✗	✗	◌
Healthcare LMS Care Academy	✗	✗	✗	◌	✓
Dotzza	✓	✓	✓	✓	✓

A horizontal tool can add healthcare templates in a sprint. It cannot add a mentor relationship, an accreditation standard, or a supervision loop. **That's not a feature gap. It's a different company.**

Team

Meet the team

DR.CHOKKALINGAM MDS

CEO & Founder

DR.SORNAM MD

Co Founder

RAJESHKUMAR

FULL STACK DEVELOPER

REVANTH

BACKEND DEVELOPER

AJAY

UX UI DESIGN

ABINASH

MOBILE APP DEVELOPER

AHASH LINGAM

AI INTERN

AJAIKANTH SARAVANAN

AI INTERN

Advisors

Meet the Advisory Board

BADRI NARYANAN

X- Fellow & Former Head,
NITI Aayog, GoI

DR.PREM KUMAR MDS

Formerly Dean TN Govt
Dental College, Chennai

NAVNEETH MALIGNAN

Nunnari Labs, Coimbatore
AI Advisor

NITHYA NATARAJAN

Head, Dept of Statistics,
Sona College, Salem

DR. SHAJU JACOB MDS

Professor, Riga Stradins
University, Latvia

DR. PIRABU MD

Senior Technical Specialist,
REACH (Previously WHO)

Ask

We're raising 5 Cr to turn a proven wedge into 40 institutions

₹5 crore

≈ $570k

24 months

Two full academic procurement cycles

USE OF FUNDS — STATED AS OUTCOMES

42%	A product team of six — the accreditation-evidence layer, the college dashboard, and the mentor review loop
32%	Two account executives from month 10 and two customer-success leads — hired after the founder has proven the motion, not before
10%	SOC 2 and the data-protection posture an institution's legal team asks for
16%	Infrastructure, tooling, and three month/s reserve

WHAT THIS ROUND BUYS

40 colleges, ~25 managements

30 dental colleges as the founder-led wedge, plus 10 sibling colleges pulled in through management expansion. ₹5.0 Cr ARR, net revenue retention above 110%.

A signed college pulls in its siblings.

WHY ₹5 CRORE AND NOT MORE: a founder with proven background sells to dental deans himself for the first nine months. We hire account executives after the motion is proven, not before — which is why this round is 1.2× capital-to-ARR, and why we keep the equity for the long build.

A student misses a milestone.

They know → that day
Their mentor knows → weeks later
Their institution → at semester end

By then it isn't a missed milestone.
It's a failed cohort.

One mentor's blind spot, across twenty students, across every cohort, every semester.

Healthcare education is the only industry that trains people to act on early warning signs — and runs itself entirely on lagging indicators.

Dotzza tells them before the student asks.

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