

KR

NovintiX — GTM & GCC Penetration Strategy

A GTM + GCC-penetration plan to win engineering & regulatory work inside India-based MedTech / pharma / life-sciences Global Capability Centers (GCCs).

Company NovintiX · NOVINTIX TECHNOLOGIES LLP (LLPIN ACE-2542)

HQ Coimbatore, Tamil Nadu, India · **Founded** 5 December 2023

Focus MedTech & life-sciences product engineering, regulatory & quality, clinical affairs, data engineering and manufacturing optimization — concept to commercialization.

Prepared 2026-07-21 · built with the GTM Intelligence Platform

The one-line thesis

NovintiX wins by being the MedTech-native specialist pod a large GCC can turn on in weeks — landing on one scoped device family, proving audit-ready output, then expanding.

The buyers already have global SIs on an MSA and regulatory boutiques on a call list. What they are short of is *specialist engineering bandwidth that builds the evidence* — design-history files, UDI/EUDAMED records, SaMD V&V — for one device family, fast, under an existing vendor framework.

That gap is exactly NovintiX's footprint: device product engineering + regulatory/quality + clinical & data engineering, delivered as one accountable scope. The GTM job is to make that footprint legible to the right six roles inside each GCC and to convert it into a repeatable land-and-expand motion.

Why GCCs, why now

India hosts the densest concentration of MedTech and life-sciences GCCs in the world — Medtronic's largest R&D center outside the US, plus engineering and digital-health centers for GE HealthCare, Siemens Healthineers, Philips, Boston Scientific, Stryker, BD, Baxter, Abbott, J&J MedTech and the diagnostics majors.

These centers are moving up the value chain from support to owning device programs, SaMD and regulatory evidence. That shift creates a structural, recurring shortage of specialist design-control, UDI/EUDAMED and SaMD-V&V capacity — the exact work NovintiX productizes.

Regulatory pressure (EU MDR/IVDR, EUDAMED go-live, FDA design-control and UDI enforcement, IEC 62304 for SaMD) turns that shortage into deadline-driven demand with a named owner — the ideal trigger for a scoped, fast micro-pilot.

Ideal customer profile (ICP)

Who: MedTech / diagnostics / life-sciences GCCs in India, 200–5,000 seats, with active device or SaMD programs — new setups (<2y) that lack specialist bench and scaling/mature centers whose bench is bandwidth-constrained.

Where: Bengaluru, Hyderabad, Pune, Chennai, NCR.

Trigger events: EUDAMED/UDI deadline, an audit finding, a device-family launch, a SaMD/AI feature entering review, a new site charter, or a senior reg/quality leader change.

Why they buy NovintiX over the alternatives: MedTech-native (no ramp tax), evidence-building not advisory, fixed-scope and fast, and able to slot under an existing MSA without a 12-month transformation program.

The buying center — six roles to cover

Deals die when only one role is mapped. The GCC workspace scores each account across all six; the target is ≥ 4 covered before a proposal.

Role	Who it is	How to win them
Economic Buyer	VP / Head of Device R&D or Engineering — owns the budget and the program P&L.	Frame the pod as capacity that protects the roadmap and de-risks a deadline.
Champion	Head of Regulatory Affairs & Quality — feels the UDI/submission pain first.	Give them a scoped win they can point to; make them look proactive to their exec.
Technical Evaluator	Principal/Staff V&V or design-control engineer.	Prove the evidence approach is credible with a sample artefact, not a pitch.
Procurement & Vendor Management	Owns MSA, rate card, security review.	Fit the existing vendor framework; make onboarding trivial.
Gatekeeper	Chief of Staff / EA to the site head.	Earn calendar access with a specific, relevant reason to meet.
End Users	Device program & project engineers.	Make the pod easy to work alongside; they become internal advocates.

The penetration motion — land small, prove, expand

1. **Land** — Enter on ONE device family with a fixed-scope micro-pilot (UDI Sprint or a design-control/V&V slice). Small enough to buy under existing authority, real enough to prove audit-ready output.
2. **Prove** — Deliver validated, audit-ready evidence at handoff. Capture a reference and a case study (see Philips worked example).
3. **Expand** — Grow the micro-pilot into a device-family engagement, then a standing engineering pod across families — moving from project to retained capacity.
4. **Repeat** — Use each reference to shorten the next center's evaluation. The account book is tiered so effort concentrates on act-now accounts (advanced stage $\times$ coverage gap).

The productized offer ladder

Every service is a fixed-scope offer with a clear promise and price band — so buyers can say yes without a bespoke SOW.

Offer	Promise	Price · time
MedTech Engineering Health Check	Scored design-control & submission readiness + costed plan	\$8k–\$15k · ~1 week
UDI Sprint	GUDID/EUDAMED-ready UDI records for one device family, validated & audit-ready	\$25k–\$60k · 6 weeks
SaMD Assurance Pack	IEC 62304-aligned V&V evidence a notified body accepts	\$40k–\$90k · ~8 weeks
Design-Control Accelerator	Audit-ready DHF & ISO 14971 risk file for one device family	\$60k–\$120k · ~11 weeks
Bespoke Engineering Pod	Embedded device-engineering capacity, retained	\$30k–\$50k/mo

Positioning & messaging

Category: "MedTech-native product-engineering & regulatory pod for GCCs." Not an SI, not an advisory boutique.

Against global SIs: "We land in weeks on one device family and build the evidence — not a 12-month transformation staffed by generalists."

Against regulatory boutiques: "We build the DHF, the UDI records and the V&V evidence — not just the recommendations."

Against status quo (in-house): "We are the flex specialist pod that clears the backlog without adding headcount — under your existing vendor framework."

Proof spine: concept-to-commercialization under one accountable scope; MedTech/device/diagnostics/SaMD focus; a fixed-scope, audit-ready deliverable per engagement.

Channels & cadence

Primary: founder-led, peer-to-peer outreach to the economic buyer + champion (LinkedIn + email), sequenced with the platform's *Win a GCC exec* cadence and personalized with each account's WHY-NOW trigger.

Convener: small executive roundtables ("Design Controls & UDI in MedTech GCCs") to earn warm access to reg/quality leaders across several centers at once.

Referral: every delivered engagement produces a reference and a warm intro to a peer center — the highest-yield channel once the first logo lands.

Content: a small, sharp library — a UDI/EUDAMED readiness checklist, a design-control gap self-assessment, and one written case study — used as first-touch value, not volume marketing.

Funnel math & KPIs

Coverage: ≥4 of 6 buying-center roles mapped on every act-now account before a proposal.

Activity: 8–12 target accounts in active outreach; each with a dated cadence and a next-touch on the calendar.

Conversion targets (year one): 40–50 qualified GCC targets → 12–15 first meetings → 5–7 micro-pilots → 3–4 expansions → 1–2 retained pods.

Leading indicators: first meetings booked, micro-pilots scoped, references captured, roundtable acceptances.

Lagging: revenue per device family, expansion rate, retained-pod count.

The plans — 30, 90, 180 days and 1 year

30 days Aim & first touches

Goal. Instrument the motion and open the first act-now accounts.

- **Foundations.** Load this worked example into the platform. Confirm the firm profile, ICP and offer ladder. Finalize the tiered account book (A0/A/B) from the 12 seeded GCCs + 30 more qualified from the 51-GCC landscape.
- **Assets.** Ship three first-touch assets: UDI/EUDAMED readiness checklist, design-control gap self-assessment, and the one-page NovintiX capability brief. Draft the Philips micro-pilot case study.
- **Buying-center mapping.** For the top 6 act-now accounts, map ≥3 of 6 roles (economic buyer, champion, technical evaluator at minimum) using role placeholders → real names.
- **Outreach.** Launch the *Win a GCC exec* cadence on the top 3 accounts (Medtronic MEIC, Boston Scientific, Stryker). Personalize each first touch with the account's WHY-NOW trigger.
- **Convener.** Set the date and invite list for the "Design Controls & UDI" executive roundtable (Bengaluru, ~Aug 21).

Exit criteria. 3 accounts in active cadence, top-6 accounts ≥3 roles mapped, 3 assets live, roundtable dated.

90 days First meetings → first micro-pilot

Goal. Convert outreach into meetings and land the first paid micro-pilot.

- **Scale outreach.** 8–12 accounts in active, dated cadences. Every act-now account at ≥4 of 6 buying-center roles covered before any proposal.
- **Meetings.** Book 4–6 first meetings with economic buyers/champions. Use the account brief (coverage, why-now, next move) to prep each.
- **Roundtable.** Run the executive roundtable; convert 2–3 attendees into scoping conversations.
- **Land.** Scope and close 1 UDI Sprint or Health Check micro-pilot on one device family. Fit it under an existing MSA where possible.
- **Proof loop.** Deliver the micro-pilot to audit-ready state; capture the reference and turn it into the first written case study.

Exit criteria. 4–6 first meetings, 1 micro-pilot sold and in delivery, 1 reference in progress, roundtable run.

180 days Prove & expand

Goal. Turn the first win into an expansion and a repeatable second and third pilot.

- **Expand the first logo.** Grow the landed micro-pilot into a device-family engagement (e.g., Philips UDI Sprint → Design-Control Accelerator). Open the retained-pod conversation.
- **Second & third pilots.** Close 2–3 more micro-pilots across the account book, using the first case study to shorten evaluation.
- **Pod readiness.** Standardize the two highest-repeat offers (UDI Sprint, Health Check) — templates, checklists, delivery playbook — so delivery scales without founder time.
- **Buying-center depth.** Every active opportunity at ≥4 roles; procurement and technical-evaluator engaged early to avoid late-stage stalls.
- **Pipeline hygiene.** Portfolio review weekly — act-now first (advanced stage × coverage gap). Disqualify and re-aim stalled accounts.

Exit criteria. 1 expansion in motion, 3–4 total pilots delivered/closed, 2 offers productized, 2+ references.

1 year From founder-led deals to a repeatable engine

Goal. Establish NovintiX as a known specialist pod across a cluster of MedTech GCCs, with a retained engagement and a referral flywheel.

- **Retained capacity.** Convert 1–2 expansions into standing engineering pods (monthly retained) — the base-load revenue.
- **Reference flywheel.** 3–5 written case studies and reference customers; each new center's evaluation shortened by a peer proof point.
- **Offer portfolio.** Full ladder live and priced; SaMD Assurance Pack and Design-Control Accelerator each sold at least twice.
- **Coverage of the cluster.** 40–50 GCC targets qualified; 12–15 first meetings cumulatively; presence established in Bengaluru + Hyderabad + Pune MedTech clusters.
- **Team & delivery.** Delivery playbooks and templates let associate engineers run standardized offers; founder time shifts to expansion and new-logo landing.
- **Adjacent expansion.** Test one adjacent segment from the landscape (diagnostics/IVDR or pharma manufacturing-quality) with a single scoped pilot.

40–50

Qualified GCC targets

12–15

First meetings

5–7

Micro-pilots delivered

3–4

Expansions

1–2

Retained pods

3–5

Reference case studies

Exit criteria. 1–2 retained pods, 3–4 expansions, 5–7 micro-pilots delivered, 3–5 references, full offer ladder proven, cluster presence.

Appendix — target GCC account book (directional)

Account	Segment	City	Stage
Medtronic Engineering & Innovation Center (MEIC)	MedTech R&D	Hyderabad	Meeting
Boston Scientific Global Engineering	MedTech R&D	Pune	Opportunity
Stryker Global Technology Center (SGTC)	MedTech R&D	Gurugram	Outreach
GE HealthCare — Bengaluru	MedTech / Imaging	Bengaluru	Research
Siemens Healthineers — Bengaluru	MedTech / Imaging	Bengaluru	Outreach
Becton Dickinson (BD) — Bengaluru	MedTech	Bengaluru	Research
Baxter — Bengaluru	MedTech / GBS	Bengaluru	Research
Abbott — Devices GBS (Bengaluru)	MedTech / Diagnostics	Bengaluru	Outreach
Johnson & Johnson MedTech — Global Services	MedTech	Bengaluru	Research
Smith+Nephew — Pune	MedTech / GBS	Pune	Research
Thermo Fisher — Diagnostics & Tools (Bengaluru)	Diagnostics & Tools	Bengaluru	Research
Philips Innovation Campus — Bengaluru	MedTech / Health Tech	Bengaluru	Won

Account names are real and directional — verify independently before outreach. Not affiliated with any named company.

This is a directional GTM research aid built on public information about NovintiX and the India GCC landscape. Target company names are real and used illustratively to show the motion — verify every account, contact and trigger independently before any outreach. Contacts in the worked example are ROLE placeholders, not real individuals. NovintiX is not affiliated with any named company, and no named company has endorsed this plan.

