

IT Services

India

Sector View: **Neutral**

NIFTY-50: **26,186**

December 05, 2025

BPO services: Pockets of caution and selective resilience

In this report, we share our perspectives on the likely areas of disruption within BPO services and the factors contributing to a strong growth outlook of Indian pure-play BPO services providers. We believe that customer management services will see imminent deflationary impact, while industry-specific BPO could remain relatively resilient. However, we see some risks in sub-segments such as healthcare providers, which are attracting significant AI-related investments—84% of overall investments for healthcare administrative processes—alongside ongoing financial pressures. We expect a more gradual AI adoption among healthcare payers, with the immediate focus on offshoring to optimize administrative costs. We retain BUY on Sagility and REDUCE on ECLX and FSOL.

Deflationary impact significant and imminent in customer management BPO

Many enterprise use cases of GenAI and AI agents are aimed at infusing efficiency into call center operations, knowledge management and summarization. The current LLMs have better capabilities with significantly lower hallucinations in performing these tasks. We expect significant deflationary impact in the existing book of business for incumbents in the business, which is also reflected in the modest business performance of scaled peers such as TP and Concentrix.

Indian pure-play BPO could yet remain relatively resilient

Indian BPO pure-plays, such as FSOL and ECLX, also have significant exposure to customer management BPO services. However, their challenger positioning and ability to gain incremental wallet share aided by demand for right-shoring and outsourcing has enabled the companies to sustain robust growth rates. Further, the strong pipeline provides comfort on revenue growth. Nevertheless, we believe that the need for investments in capabilities will limit operating leverage. The sharp rupee depreciation might be a near-term tailwind, but eventually it will get factored into the pricing, leaving limited upside.

RCM services could face headwinds among industry-specific BPO

We continue to expect more gradual gen AI adoption for industry-specific processes, though there are a few nuances. Companies with exposure to the healthcare providers sub-segment face dual risks of (1) higher AI-driven disruption and (2) financial pressures impacting the businesses. Healthcare providers are ahead in commercial AI adoption (Exhibit 1). Planned AI investments have significantly increased, targeted at use cases, including ambient scribes, coding & billing and patient engagement processes. These processes attracted about 84% of overall AI investments aimed at addressing administrative complexities of healthcare payers and providers in CY2025 (Exhibit 2). The penetration rate of ambient AI scribes is likely to further increase in the next three years. Further, lower switching costs and shorter procurement timelines, specifically among ambulatory services providers, attract incoming competition, impacting overall pricing discipline in the market (Exhibits 3-5). AI investments in patient engagement services have significantly increased—up 20X yoy to US\$100 mn in CY2025.

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Vamshi Krishna
vamshi.krishna@kotak.com
+91-22-6166-1801

Kawaljeet Saluja
kawaljeet.saluja@kotak.com
+91-22-4336-0860

Sathishkumar S
sathishkumar@kotak.com
+91-22-4336-0879

Significant funding channeled toward new-age competitors in RCM services

Multiple new-age companies are competing for spend share, primarily focused on various stages of RCM –medical documentation, front-office RCM & care navigation and back-office RCM. The appeal of Gen AI in the RCM process also stems from the fact that increased accuracy of documentation and coding activities could contribute to preventing downstream denials.

The surge in planned AI investments compared to the past year is also reflected in the significant increase in the valuations of new-age companies in the healthcare vertical. For instance, companies such as OpenEvidence and Abridge (focused on medical documentation) and Commure (focused on back-office RCM) are valued at ~US\$5-6 bn (Exhibit 6). Incoming new-age competitors, flush with funding, coupled with shortening procurement cycles (higher among outpatient providers), would contribute to incremental downward pressure on pricing apart from that due to AI adoption. New-age companies in this market have benefitted from 85% of incremental spends, while incumbents continue to cede share (source: Menlo Ventures survey). Overall, AI investments targeted at simplifying healthcare provider processes were about US\$1.3 bn in CY2025 compared to US\$50 mn for payer operations (up 5X yoy off a low base).

We believe that scribing is among the areas that has now become commoditized and could be adversely impacted (Exhibits 7-9). Apart from new-age competitors, deep-pocketed players such as Microsoft too are aiming to streamline clinical and operational workflows of healthcare providers with Nuance's Dragon Copilot offering. The company launched Dragon Copilot for nurses recently to support nursing staff to (1) seamlessly capture patient interactions, (2) draft flowsheets and notes, including summaries, (3) integrate it into existing workflows for ease of implementation and (4) with tight Azure integrations and also leverage integrations with dominant EHRs (Electronic Health Record) such as EPIC to ensure compliance with data integrity and privacy regulations.

Among larger industry peers, UnitedHealthcare recently launched Optum Integrity One, its advanced AI auto-coding tool to improve mid-RCM processes. The company indicated 73% productivity improvement for ambulatory providers and a 23% increase in productivity for health systems.

Healthcare provider's financials remain pressured; another credit rating downgrade for Palomar Health

Most US healthcare providers continue to be impacted by the rising cost of care, inadequate reimbursements and regulatory & economic uncertainties. While these factors have resulted in cost reduction and cash conservation initiatives by providers and increased focus on RCM. However, the financial situation of a few healthcare providers that were already under some distress has worsened. For instance, S&P Global Ratings lowered its long-term rating to CCC+ from B and placed the ratings on credit watch with negative implications, meaning about 50% probability of another downgrade by possibly multiple notches within 90 days. This is the second downgrade by the rating agency of Palomar Health's bonds in the past year.

Medical cost ratios likely to remain elevated for healthcare payers in CY2026

Healthcare payers are likely to continue to face headwinds from curtailed funding for Medicaid programs and elevated levels of medical cost ratios in CY2026. A pullback in funding for Medicaid programs is likely to impact the profitability of some payers in CY2026. Further, payers have also pulled back from offering select plans in a few markets with sub-optimal profitability in programs such as Medicare Advantage. CMS expects overall enrolled members in Medicare to remain flat yoy in the current annual enrollment period (AEP), while larger plans such as UnitedHealth, CVS and Elevance have indicated a reduction in overall memberships, while Humana expects mid-single-digit growth for the market and also for its health plans as well. We note that Humana had already pulled back its presence in a few markets in CY2025. Star ratings have remained stable yoy, with ~40% of overall health plans in Medicare Advantage program having over 4-star ratings, providing some hope of improved financial performance in CY2027 (Exhibit 10).

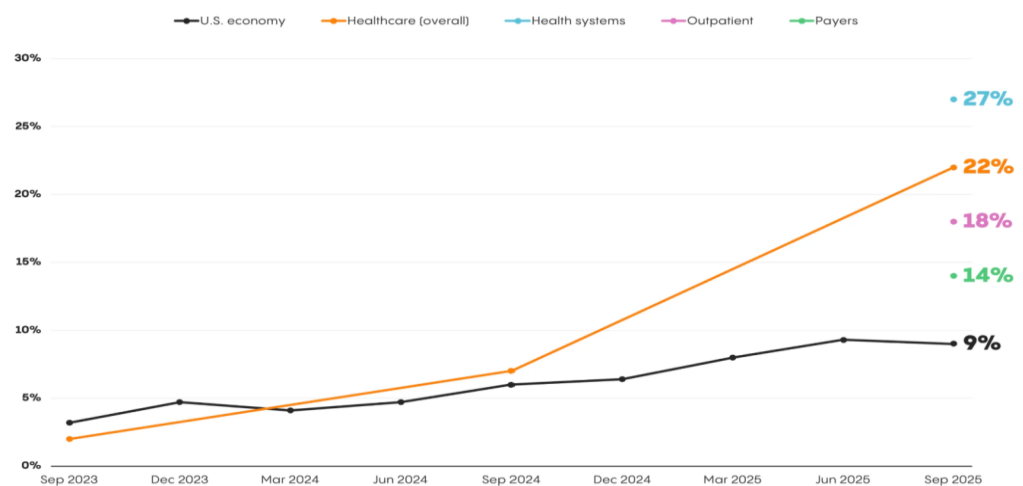
In the near term, health plans are likely to continue cost optimization initiatives such as offshoring and outsourcing as well as undertake targeted initiatives to roll out AI. Member care coordination and utilization management are among the top-3 priorities for 57% of payers. The focus on network optimization and plan design has increased in the past year and is among the top-3 priorities for 55% of payer respondents. Claims processing and payments are also among the top-3 priorities for 51% of

respondents as part of a Bain survey. Call center operations feature the highest in terms of the implementation of AI, with about 20% of respondents indicating full rollout of AI (Exhibit 11-12).

The outcomes are consistent with the indications of larger health plans. UnitedHealthcare indicated that it is aggressively scaling its AI/ML capabilities to enhance member experiences and optimize core performance. The company indicated that about 95% of claims are automatically processed, about 85% of member inquiries are served digitally, and about 95% of members' questions are resolved in the first interaction, demonstrating success of some of its technology initiatives even as the company continues to invest in strengthening its Optum Insight division to realize its potential. Elevance indicated the deployment of a digital virtual assistant and AI-enabled call center assist by end-CY2025. Further, the company has stepped up investments in automation to process claims faster while also leveraging AI to reduce low-value work for its associates. The company announced several hundred million dollars of targeted investments in AI and digital tools to enhance provider and member experience as part of its strategy to improve its star ratings. A detailed commentary of the business is presented in Exhibits 13-14.

Significantly higher adoption of commercial AI at health systems compared to payers

Exhibit 1: Share of US businesses with paid commercial licenses for AI application



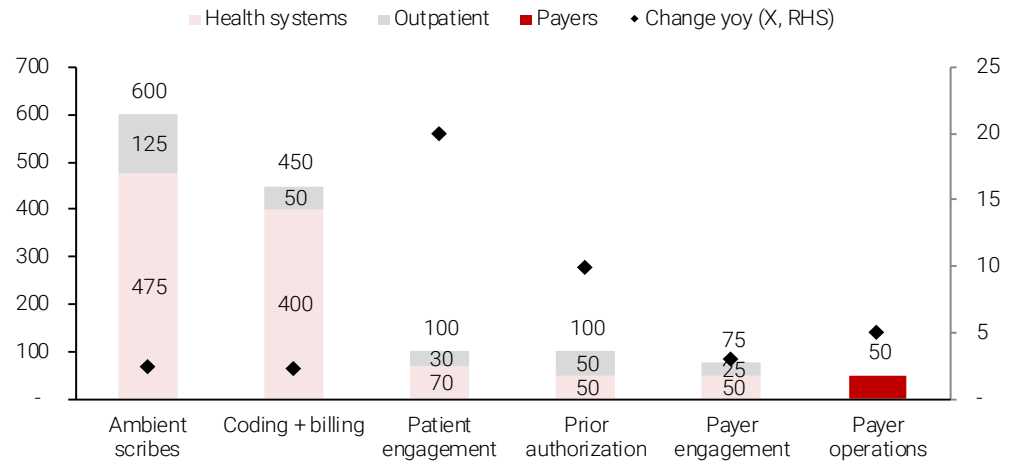
Notes:

(a) Excludes consumer subscriptions like ChatGPT.

Source: Menlo Ventures

Ambient scribes and coding & billing account for ~65% of overall AI investments in healthcare processes in CY2025, up 2.0-2.5X yoy

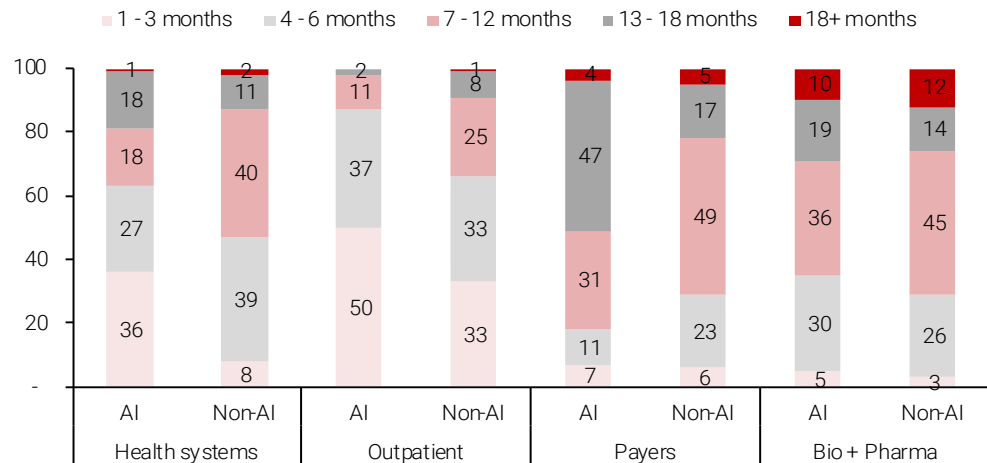
Exhibit 2: Planned AI investments across healthcare processes, calendar year-end, 2025 (US\$ mn, %, X)



Source: Menlo Ventures, Kotak Institutional Equities

Procurement cycles for AI solutions are considerably longer in payer business, while outpatient providers have shorter procurement cycles

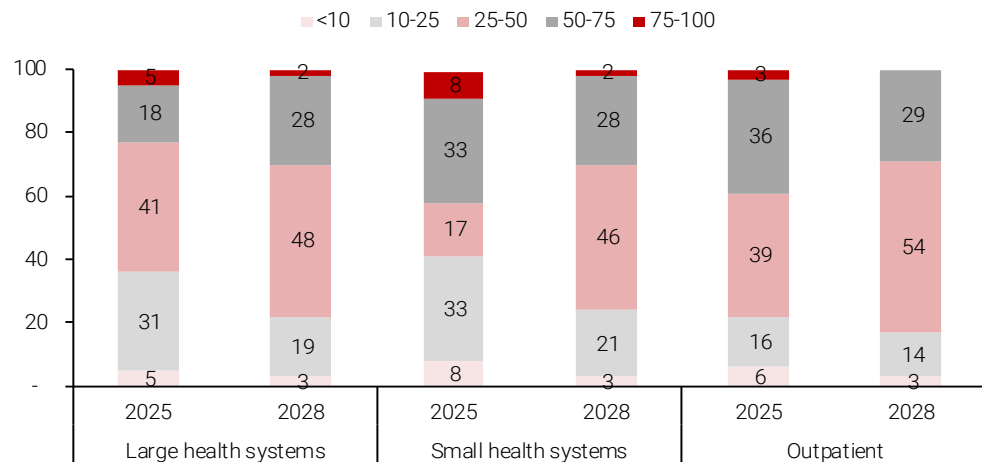
Exhibit 3: Procurement timelines of technology applications across US healthcare and lifesciences vertical



Source: Menlo Ventures, Kotak Institutional Equities

Penetration rate of Ambient AI scribes remains high but likely to increase further in the next three years

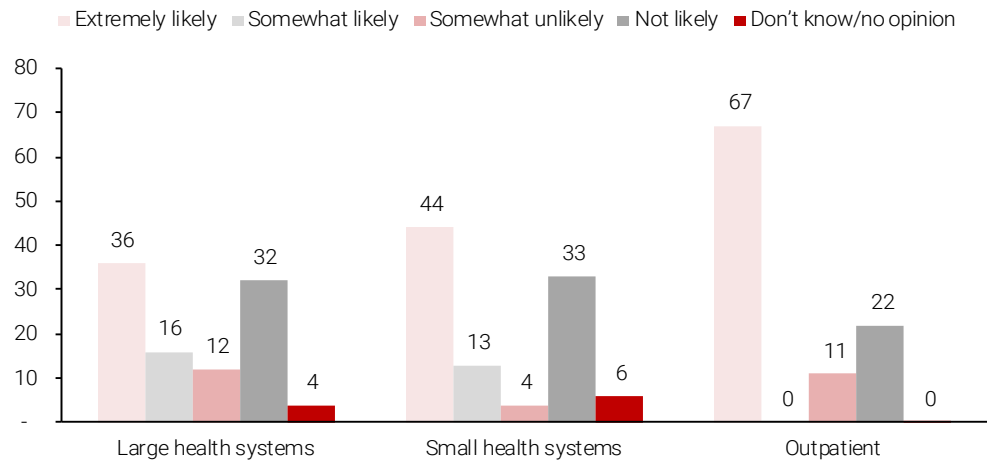
Exhibit 4: Projected penetration rate of ambient AI scribes, calendar year-ends, 2025-28 (%)



Source: Menlo Ventures, Kotak Institutional Equities

67% of outpatient systems are likely to switch AI scribes indicating limited stickiness of relationships

Exhibit 5: Likelihood to switch AI scribes across various healthcare provider sub-segments (%)



Source: Menlo Ventures, Kotak Institutional Equities

Medical documentation is the largest spend area that could deliver immediate and measurable ROI

Exhibit 6: Healthcare new-age companies' valuation

Category	Company	Valuation (US\$ bn)
Medical documentation	OpenEvidence	6.0
	Abridge	5.3
	Ambience	1.3
Back-office RCM	Commure	6.0
	SmarterDx	1.0
Front-office RCM and care navigation	Elise AI*	2.2
	Hippocratic AI	1.6
Payer operations	Distyl*	1.8

Notes:

(a) Elise AI and Distyl have significant healthcare presence but also exposure to other verticals.

Source: Menlo Ventures, Kotak Institutional Equities

Ambient speech software could eventually displace transcription and virtual scribing service providers

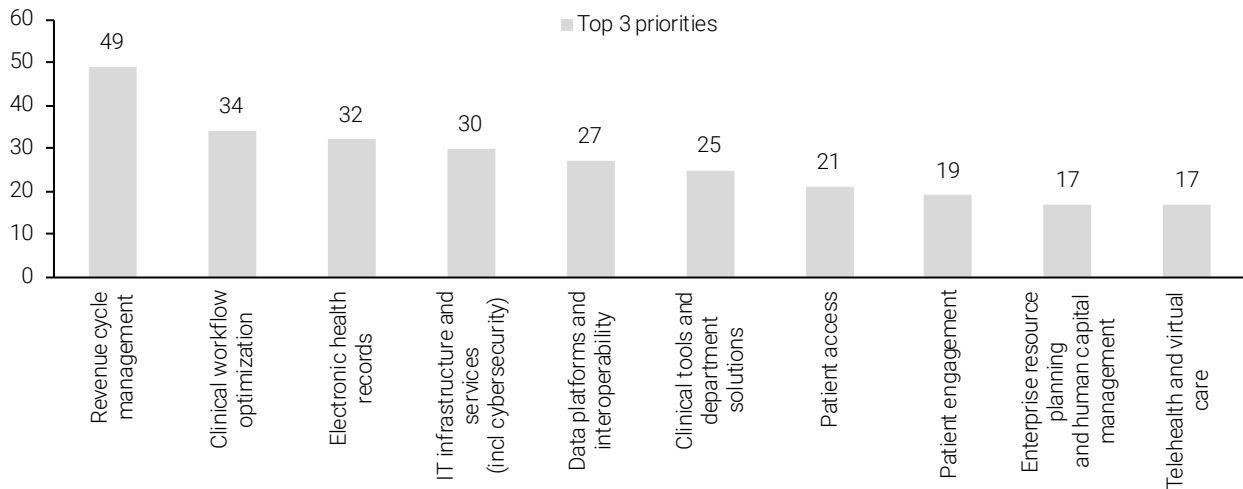
Exhibit 7: Detailed list of companies offering software and services across various RCM processes

	Top 3 players			Other notable players	Description
Ambient speech	Abridge				Voice-enabled systems clinicians use to passively capture patient/provider conversations and contextualize this information in a structured format through fully automated gen AI. Also known as ambient AI, AI scribing or AI clinical scribe
Claims management & clearinghouse	Waystar	Experian Health	FinThrive	Optum, Availity, Athenahealth and Cognizant (Trizetto)	Software tools that help provider organizations manage claims and submit them to payers
Clinical documentation integrity	Nuance	Iodine Software	Solventum	Optum	Software solutions designed to improve clinical documentation accuracy and quality through automated tools and workflows.
Complex claims services	Revecore	EnableComp	Aspirion	Cognizant, R1 RCM	Services focused on assisting provider organizations with complex claims—specifically, claims for workers' compensation, VA, motor vehicle accidents, and out-of-state Medicaid.
Computer assisted coding (CAC)	Dolbey	Solventum	Optum	AGS Health	Software that uses NLP to analyze clinical documentation and produce appropriate medical codes
Debt collection services	Rsi RCM	State Collection Service	Firstsource	ARStrat	Services provided to healthcare organizations to collect the final balance on unpaid patient accounts
Denials management services	Aspirion	HLS	R1 RCM	Revecore, Xsolis	Services that help healthcare organizations ensure they get reimbursed correctly for services provided, specifically in reacting to denied claims
Eligibility enrollment services	Elevate	Firstsource	Optum		Patient advocacy services that obtain eligibility and enrollment (Medicaid or other benefits) for uninsured patients
End-to-end revenue cycle outsourcing	Ensemble	Conifer	R1 RCM	Optum, Guidehouse	End-to-end engagements in which hospital-based organizations outsource all or key components of their patient access, HIM, and business office departments. Engagements typically last for 5 years and involve rebadging
Government reimbursement services	R1 RCM	Besler	FinThrive		Services that help healthcare organizations complete Medicare/Medicaid cost reports
Insurance discovery	FinThrive	Experian Health			Products that help provider organizations search for and identify patient insurance coverage through Medicare, Medicaid, or other insurance providers
Outsourced coding	Guidehouse	AGS Health	GeBBS	Omega Healthcare, IKS, Lexicode	Inpatient coding services
Patient Access	Waystar	Optum	Experian	FinThrive	Patient registration, including insurance eligibility verification, determination of propensity to pay or charity care needs, preauthorization, estimation of patient responsibility costs, and point-of-service collections
Physician advisory services	Xsolis	R1 RCM			Physician and utilization review services
Contract management	Experian Health	FinThrive			Managing contract provisions and calculating expected reimbursement
Speech recognition (Front-end HER)	Nuance	Solventum			Real-time voice-to-text conversion, enabling them to start, edit, complete, and sign off on notes or reports without using transcription services
Transcription services	IKS Health (Aquity)	DeliverHealth			Outsourcing a portion or all of medical transcription and/or editing to a medical transcription services organization (MTSO)
Underpayment recovery services	Besler	R1 RCM	Revecore		Contingency services firms that perform audits and reviews to proactively discover missed revenue opportunity
Virtual scribing services	ScribeEMR	IKS Health (Aquity)			Provide remote/virtual scribes who take critical notes during patient visits and document each encounter

Source: KLAS, Kotak Institutional Equities

RCM remains high investment priority overall for healthcare providers; reduced priority for IT infrastructure & services and data platforms compared to earlier

Exhibit 8: Percentage of provider respondents citing each solution as a top-three priority

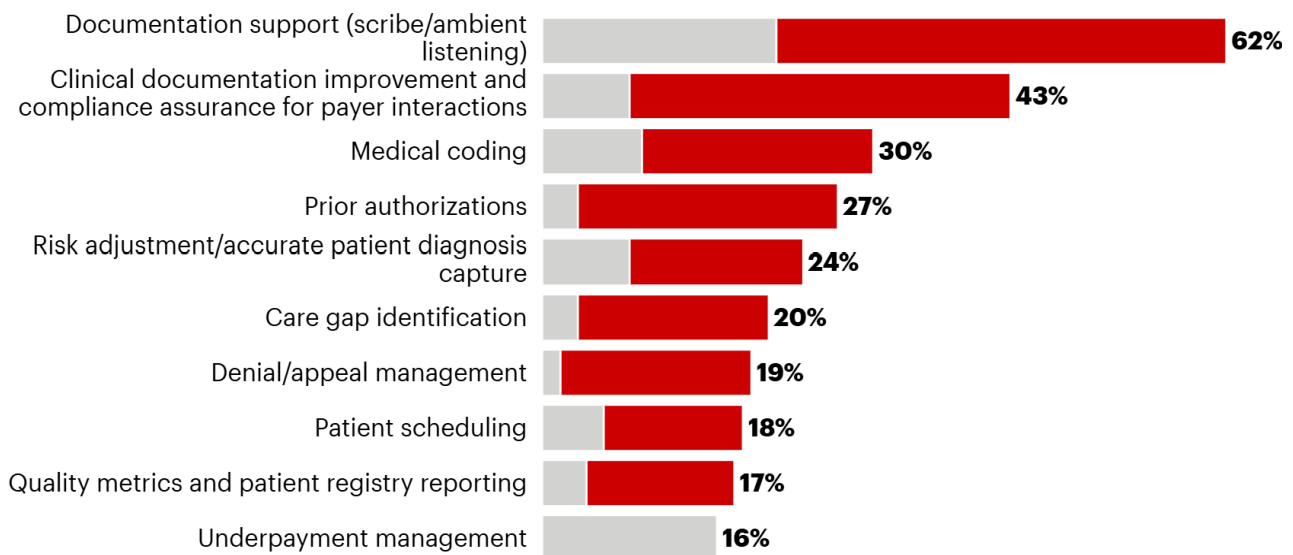


Source: Bain 2025 Provider and Payer Healthcare IT survey (n=228), Kotak Institutional Equities

Documentation support, clinical documentation improvement and medical coding are the top uses for AI

Exhibit 9: Percentage of provider respondents citing AI uses

■ AI is in full rollout ■ AI is in pilot or proof of concept



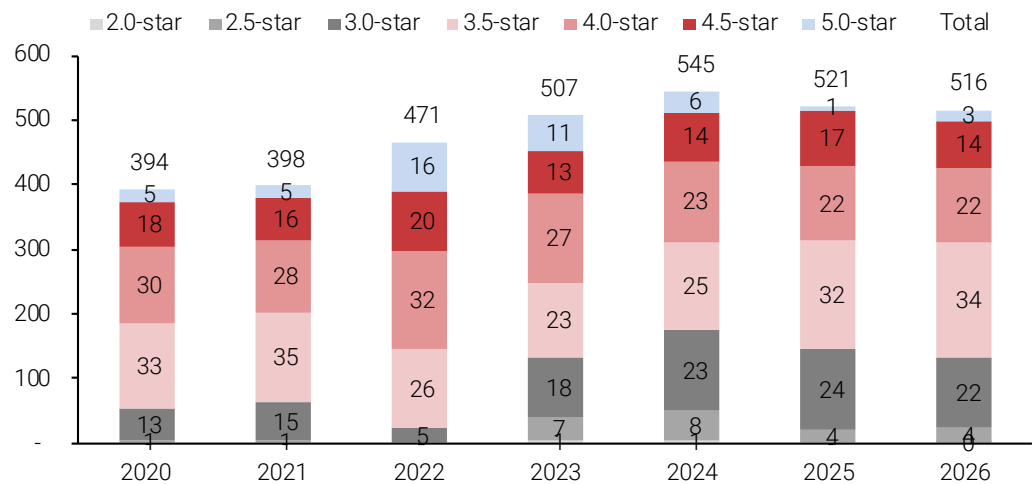
Notes:

(a) Documentation support spans both electronic health record and revenue cycle management domains through improved note-taking and coding accuracy for billing and compliance.

Source: Bain 2025 Provider and Payer Healthcare IT survey (n=228), Kotak Institutional Equities

Contracts rated 4 stars and above remained stable at 40% of all contracts in Stars Year (SY) 2026

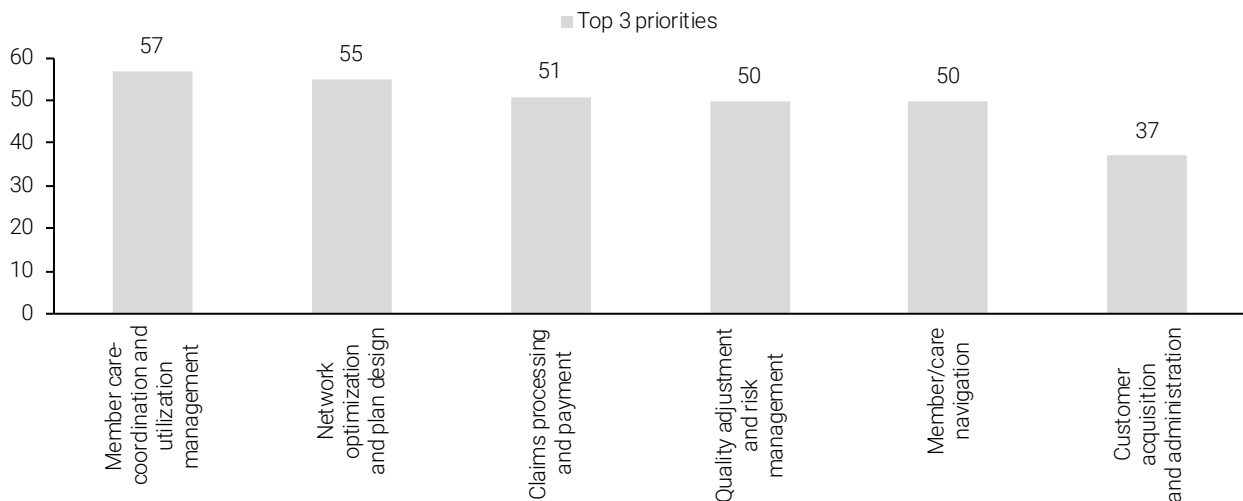
Exhibit 10: Stars performance distribution by contract count, calendar year-ends, 2020-26 (#, %)



Source: CMS data, Kotak Institutional Equities

Member care coordination and utilization management, along with network optimization and plan design, remain top priorities of investments; network optimization and member/care navigation rise in priority compared to past year

Exhibit 11: Percentage of payer respondents citing each solution as a top-three priority

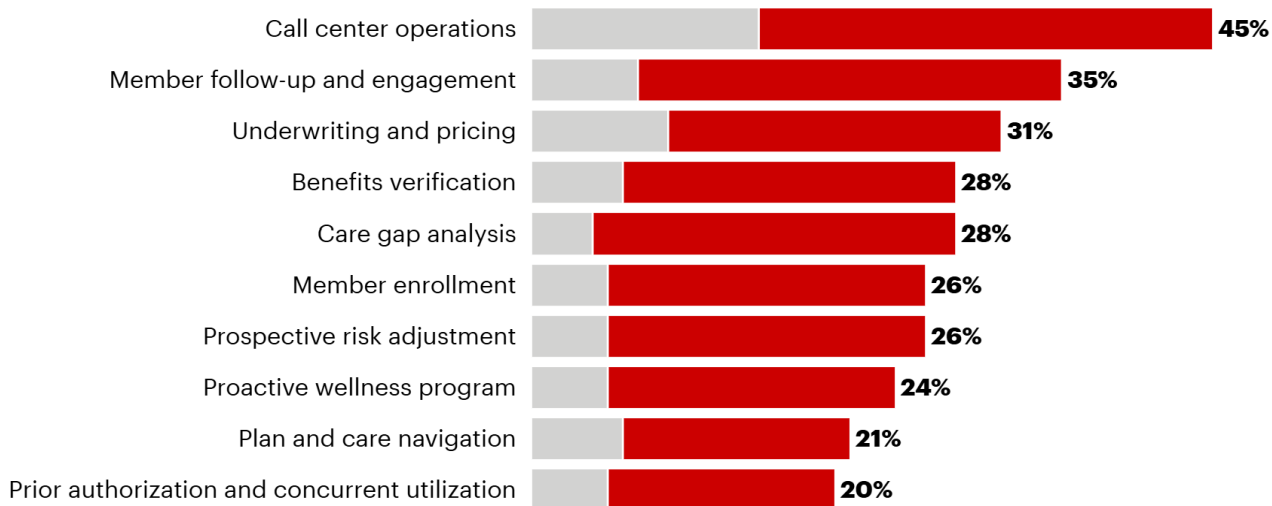


Source: Bain 2025 Provider and Payer Healthcare IT survey (n=228), Kotak Institutional Equities

Healthcare payers plan to implement AI primarily in call center operations, for member follow-up & engagement and underwriting and pricing processes

Exhibit 12: Percentage of payer respondents citing AI uses

■ AI is in full rollout ■ AI is in pilot or proof of concept



Source: Bain 2025 Provider and Payer Healthcare IT survey (n=228), Kotak Institutional Equities

Increased focus on administrative spend efficiencies to offset the impact of higher medical cost ratios

Exhibit 13: Commentary of Centene, Cigna, CVS and Elevance on the business and technology initiatives

Company	Commentary
Centene	We are ready to facilitate open enrolment with strengthened digital tools and well-trained call center personnel to aid members during this time of uncertainty. We continue to invest in our member experience, providing enhanced digital tools and resources for members and prospective members.
	We are also still on track to deliver US\$500 mn in pre-tax benefit from SG&A. In fact, we performed slightly better than expected with administrative expense reduction in 3QCY25.
	Prioritizing margin over membership in Medicare Advantage enrollments. Membership is unlikely to grow for this year.
	I think when we think about delivering margin improvement in CY2026. We look at stars improvement, SG&A and then clinical initiatives. And the team has done a really good job, I think, making progress on all 3 of those. We've had a multiyear progression from a star standpoint, came out with slightly better-than-expected 4-star results this year, which then help CY2027.
	Centene has 60% of members in plans at or above 3.5 stars versus 55% from the prior year, with roughly 20% of members in 4-star plans.
Cigna	MCR is tracking where we would expect it to be at this point in the year. In addition to those stats, we are analyzing how the results are tracking against expectations.
	We've developed enhanced analytics, in addition this year, that include those that leverage both claims and clinical data to predict individual claims experience.
CVS	We expect to exit AEP roughly flat in our individual Medicare Advantage membership.
	Based on the current membership, we expect over 81% of our Medicare Advantage members will be in plans rated 4 Stars or higher with over 63% of them in 4.5 Star plans, nearly double the industry average.
	We expect another year of meaningful margin improvement at Aetna. This includes another year of progress in our Medicare Advantage business, supported by our disciplined approach to plan design and footprint in individual as well as repricing opportunities in our group business. We also expect a tailwind from our exiting of the individual exchange business. Although our conversations with our Medicaid state partners continue to progress and this business has performed in line with our expectations this year, we are taking a cautious outlook in light of the broader pressures across the industry.
Elevance	By year-end, more than 10 million members will have access to our AI-enabled virtual assistant, demonstrating how digital innovation is enhancing access, efficiency and engagement across our platform. For providers, we've lowered the number of prior authorization requests in the last two years, and providers Elevance Health OS platform benefit from aligned data sharing, faster approvals and reduce administrative burden.
	In Medicare Advantage, we've taken disciplined actions to improve profitability in CY2026. We focusing on products that drive retention and value while exiting plans not aligned with our long-term strategy. For the payment year 2027, approximately 55% of our MA members will be in four star or higher contracts, up from about 40% for payment year 2026, demonstrating steady improvement in Star's performance and strong returns on the investments made.
	Operating expense outlook includes several hundred million dollars of incremental investments to advance our strategic goals including targeted use of AI and digital tools to enhance the member and provide experience, the expansion of Caelon's capabilities and initiatives to strengthen future performance, including improvements in our Star ratings.
	These investment dollars are going to be really focused in three primary areas. First, technology adoption, where we're deploying AI into clinical workflows, automating roster processes, modernizing core systems already simplifying care delivery and driving efficiency.
	Second is Caelon investments. We're going to be scaling new client onboarding as we expand into larger upmarket accounts and build pharmacy capabilities, in our home delivery infusion and specialty locations. And then thirdly, around operational and quality initiatives.
	Behavioral health has been a driver of higher costs. And so we've built integrated behavioral programs that align incentives around outcomes versus volume.
	We continue to see pressure in that ACA market across inpatient medical surgery, behavioral health, pharmacy and ER usage, on the commercial group side, elevated trends persist, but remain mostly in line with what we're expecting
	We undertook a comprehensive review of our offerings, and we made the strategic decision to exit select plans and service areas where the economics no longer support our return objectives. And we expect these changes to impact approximately 150k members. So while it's still early in the annual election period, for 2026, we are planning for our total MA membership to decline in the high single to low double-digit percent range. That is by design.
	Our stars ratings are improving for the plan year 2026. We do see 55% of members in 4 star or higher plans, and that's going to really position us well to maintain momentum in plan year 2027.

Source: Companies, Kotak Institutional Equities

Increased focus on administrative spend efficiencies to offset the impact of higher medical cost ratios

Exhibit 14: Commentary of Humana, Molina and United Healthcare on the business and technology initiatives

Company	Commentary
	<p>We have US\$3 bn revenue headwind, going into CY2026 and also working through transformation. The budget process is currently on to decide the timing and avenues of investments. Higher than anticipated investments likely in areas of focus such as Stars and clinical excellence as well as network management.</p> <p>Our focus is on maximizing customer lifetime value and customer NPV. The way we do that is delivering an exceptional experience that fuels member retention. Other key growth levers like benefit design and member and product mix and channel mix are all tightly aligned with our operational capacity so that we can absorb, onboard and serve members in a way that maximizes lifetime value in NPV.</p>
Humana	<p>We are also seeing favorable product mix, including higher than initially expected sales in plans with 4 stars and greater. We are not seeing outsized sales in areas where competitors have exited plans. We are experiencing significantly reduced Humana plan-to-plan mix with plan-to-plan sales down year-over-year.</p> <p>Bonus Year 2027 Stars results were disappointing but consistent with our expectations and the outlook for Bonus Year '28 Stars continues to trend in the right direction, and we remain confident in a return to top quartile results.</p> <p>Expect the medicare market to grow in mid-single digits, similar to last year. This varies from CMS' forecast of flat memberships for the market.</p> <p>Humana has ~20% of its members (6 mn overall members), consistent with average MA star ratings.</p>
Molina	<p>Our 92.6% consolidated MCR reflects the continuation of a very challenging medical cost environment. Approximately half of our underperformance is driven by the Marketplace business, and that Medicaid, while experiencing some pressure, is still producing strong margins.</p> <p>This current challenging operating environment has been a catalyst for many smaller and less diverse health plans to consider their strategic options. Our acquisition pipeline contains a growing number of actionable opportunities.</p>
United Healthcare	<p>In Optum Health and Optum Insight, continuing efforts to improve operations and make needed investments will show more measured progress in CY2026 and will take more time to fully bear fruit. As for Optum Insight, we continue to perform solidly but not at the level of the potential for these services. Under the leadership of Sandeep Dadlani, we now see the alignment of our end-to-end technology and AI innovation efforts coming into formation.</p> <p>Nearly 85% of member inquiries are served digitally. When members call us, 90% of calls are answered within 30 seconds and 95% of members' questions are resolved in the first interaction. Some 95% of our claims are automatically processed immediately.</p> <p>Traditional services in Optum Insight have to evolve to AI-first services, then to products and eventually to platforms.</p> <p>Aggressively scaling AI and machine learning capabilities to enhance member experiences and optimize core performance.</p> <p>We recently launched Optum Integrity One. This is the most advanced AI auto coding tool in the market, and it's driving demand among health systems and hospitals looking to improve middle revenue cycle automation and performance. Just some metrics. For ambulatory outpatient claims coding, this showed 73% productivity over prevailing solutions. And for hospital inpatient coding, it showed 23% increase in productivity.</p> <p>Medical cost trends remain historically high but consistent with our second quarter guidance, we expect that to continue throughout the remainder of CY2025.</p> <p>In Medicaid, the path to recovery will be more challenging. States have not funded in line with actual cost trends, so funding levels are not sufficient to cover the health needs of state enrollees.</p> <p>For MA, early results of AEP are in line with our strategic positioning for CY2026. Our plan for next year reflects a conservative path focused on margin growth. We made significant adjustments to benefits and executed targeted plan exits and network reductions to offset elevated medical trends and government funding decreases. As a result of our plan actions, as well as competitive market dynamics, we expect membership contraction of approximately one million members in total Medicare Advantage.</p>

Source: Companies, Kotak Institutional Equities

RCM remains the predominant offering in the fragmented healthcare provider market

Exhibit 15: Comparison of capabilities of vendors across healthcare payer and provider processes

	Accenture	Cognizant	TCS	Wipro	R1 RCM	Cotiviti	Optum	GeBBS	Access Healthcare	Conduent	Genpact	EXL	WNS	Teleperformance	Conifer Health	AGS Health	Firstsource	Sagility*	Omega Healthcare	IKS Health	Indegene
Payer services																					
Payment integrity																					
Payment integrity																					
Payer operations																					
Payer operations																					
Utilization management																					
Payer BPS																					
Payer BPS																					
Healthcare - IA																					
Healthcare - IA																					
Healthcare - BPA																					
Payer BPaaS																					
Healthcare data, analytics & AI																					
Provider services																					
Revenue cycle management																					
Revenue cycle management																					
RCM business process transformation																					
RCM business process transformation																					
RCM platforms																					
Medical coding																					
Clinical and care management																					
Clinical and care management																					
LS regulatory and med affairs ops																					
Clinical data management BPT																					

Leader Challenger Contender

Note:

*(a) HGS Healthcare earlier

Source: Everest Group, ISG, Avasant, Kotak Institutional Equities

Sagility trades at reasonable valuations

Exhibit 16: Valuation summary of Indian pure-play BPO services providers, March fiscal year-ends, 2026-28E

Company	5-Dec-25		Mkt cap.		EPS (Rs)			P/E (X)			EV/EBITDA (X)			RoE (%)		
	Price (Rs)	Rating	(Rs mn)	(US\$ mn)	2026E	2027E	2028E	2026E	2027E	2028E	2026E	2027E	2028E	2026E	2027E	2028E
eClerx Services	4,832	REDUCE	230,256	2,559	144.8	167.2	191.3	33.4	28.9	25.3	20.2	17.3	14.9	26.2	25.2	25.6
Firstsource Solutions	347	REDUCE	241,856	2,687	10.7	12.9	15.6	32.3	26.9	22.2	16.3	14.3	12.4	17.6	18.9	20.2
Sagility	49	BUY	230,789	2,565	2.2	2.4	2.9	22.7	20.3	17.0	13.5	11.7	9.8	11.7	12.2	13.6
Inventurus Knowledge Solutions	1,667	NR	273,591	3,037	41.1	50.8	64.5	40.6	32.8	25.8	27.8	23.5	19.3	32.8	30.4	28.8

Company	Target	O/S shares	EPS CAGR (%)	EPS growth (%)			Net Profit (Rs mn)			EBITDA (Rs mn)			Sales (Rs mn)		
	Price (Rs)	(mn)	2026-28E	2026E	2027E	2028E	2026E	2027E	2028E	2026E	2027E	2028E	2026E	2027E	2028E
eClerx Services	4,450	48	14.9	29.0	15.4	14.4	6,955	8,037	9,197	10,604	12,222	13,928	41,291	48,314	54,544
Firstsource Solutions	360	706	20.7	27.6	20.1	21.3	7,588	9,116	11,059	15,410	17,258	19,562	95,287	108,194	122,606
Sagility	59	4,717	15.7	32.0	12.1	19.4	10,238	11,510	13,740	16,778	18,944	21,916	69,952	79,184	89,315
Inventurus Knowledge Solutions	NA	NA	26.9	30.0	23.9	26.9	6,980	8,756	10,913	9,178	11,136	13,784	31,712	37,238	44,531

Source: Bloomberg, Kotak Institutional Equities estimates

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Ratings and other definitions/identifiers

Definitions of ratings

BUY. We expect this stock to deliver more than 15% returns over the next 12 months.

ADD. We expect this stock to deliver 5-15% returns over the next 12 months.

REDUCE. We expect this stock to deliver -5+5% returns over the next 12 months.

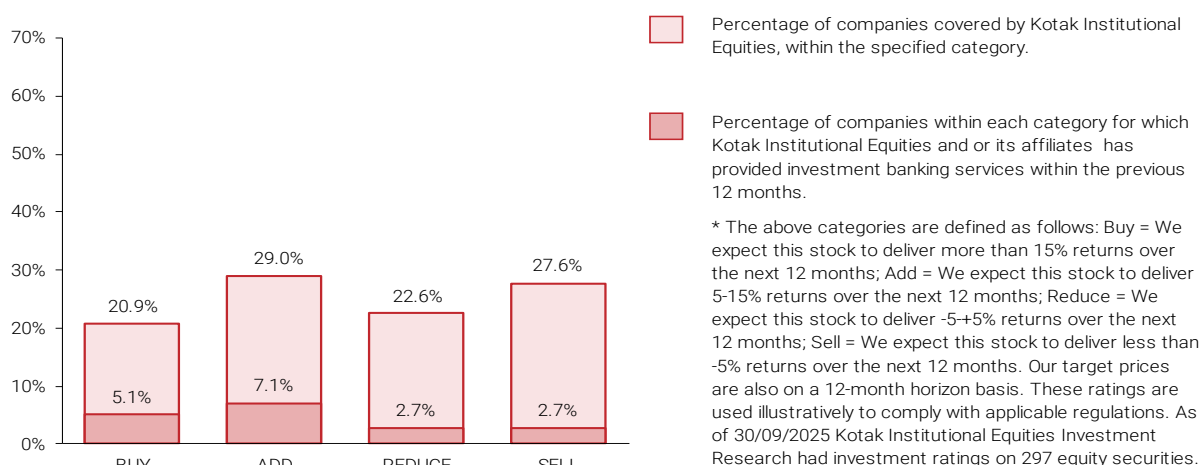
SELL. We expect this stock to deliver <-5% returns over the next 12 months.

Our Fair Value estimates are also on a 12-month horizon basis.

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Kotak Institutional Equities Research coverage universe



Source: Kotak Institutional Equities

As of September 30, 2025

Coverage view

The coverage view represents each analyst's overall fundamental outlook on the Sector. The coverage view will consist of one of the following designations: **Attractive, Neutral, Cautious.**

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Corporate Office

Kotak Securities Ltd.
27 BKC, Plot No. C-27, "G Block" Bandra Kurla
Complex, Bandra (E) Mumbai 400 051, India
Tel: +91-22-43360000

Overseas Affiliates

Kotak Mahindra (UK) Ltd
8th Floor, Portoken House
155-157 Minories, London EC3N 1LS
Tel: +44-20-7977-6900

Kotak Mahindra Inc
PENN 1,1 Pennsylvania Plaza,
Suite 1720, New York, NY 10119, USA
Tel: +1-212-600-8858

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Details of	Contact Person	Address	Contact No.	Email ID
Customer Care/ Complaints	Mr. Ritesh Shah	Kotak Towers, 8th Floor, Building No.21, Infinity Park, Off Western Express Highway, Malad (East), Mumbai, Maharashtra - 400097	18002099393	ks.escalation@kotak.com
Head of Customer Care	Mr. Tabrez Anwar		022-42858208	ks.servicehead@kotak.com
Compliance Officer	Mr. Hiren Thakkar		022-42858484	ks.compliance@kotak.com
CEO	Mr. Shripal Shah		022-42858301	ceo.ks@kotak.com
Principal Officer (For the purpose of Research Analyst activities)	Mr. Kawaljeet Saluja	Kotak Securities Limited, 27BKC, 8th Floor, Plot No. C-27, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400051	022-62664011	ks.po@kotak.com

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