



Intelligence, Unified.

Surveillance Built for Indian Hospitals

Patient safety. NABH-aligned. India-built.

An AI-powered video surveillance platform purpose-built for the dual compliance demands of NABH accreditation, state ICU live-feed mandates, and DPDPA-era patient privacy.

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1. The Hospital Surveillance Reality

Hospitals are the most surveillance-dense civilian buildings in India after airports — and the most under-served by the platforms that run on those cameras.

An average mid-size Indian hospital runs surveillance across patient wards, ICUs, operating theatres, drug storage, neonatal units, blood banks, emergency departments, corridors, lifts, parking, perimeter, and entry/exit points. Each of these zones carries a distinct duty of care, a distinct compliance obligation, and a distinct operational risk. Most hospitals address them with a generic VMS sold to them by a camera vendor — recording video that nobody watches, against alerts that nobody routes, on cameras whose health nobody monitors.

The result is a surveillance system that exists for the audit but not for the incident. When a patient falls in a corridor, when a visitor enters a restricted ward, when a camera in the neonatal unit goes offline at 3 AM, the system is invisible to the staff who need it and visible only to the auditor reviewing footage two weeks later.

The dual compliance driver

Two regulatory frameworks set the floor for hospital surveillance in India today, and both are tightening. **NABH accreditation** mandates CCTV monitoring at hospital entry/exit points, emergency departments, corridors, and parking — and audit reviews increasingly include footage retention and access controls, not just camera presence. **Several Indian states** have introduced live ICU CCTV feed requirements that allow patient families to view the ICU camera feed in real time, creating a privacy-versus-transparency design problem most legacy VMS platforms cannot solve.

Layered on top of both, the **Digital Personal Data Protection Act (DPDPA)** classifies video footage of identifiable patients as personal data — meaning ICU live feeds, consultation room recordings, and ward-level monitoring all require explicit privacy controls (masking, role-based access, retention limits) the regulator did not previously demand.

Why this matters now

The Indian video surveillance market is projected to grow from USD 4.40 billion in 2025 to USD 7.12 billion in 2030 at a 10.10% CAGR (Mordor Intelligence, cited via US trade.gov, 2025).

Healthcare is one of the highest-growth sub-segments inside that — driven by the combination of new private-hospital construction, NABH-track upgrades at ~1,300 NABH-accredited hospitals (NABH portal, 2024), and state-level mandates that change the procurement specification.

What changed in the last 18 months is the regulatory floor. The MeitY CCTV CRO regime (non-compliant sale ban from 9 April 2025; criminal liability for non-compliant procurement from 1 April 2026) has narrowed the compliant camera supply to the 196 STQC-certified models on the IoTSCS list as of 10 April 2026. The platform layer that runs on those cameras — VMS, AI analytics, device-health monitoring, command and control — is the next layer that needs to align with the same compliance posture.

What this brief covers

This document is written for two readers. **The hospital security head** wants to know which use cases the platform addresses and how a deployment plays out in practice. **Hospital management** — CEO, COO, CFO, Medical Superintendent — wants to know what the compliance posture is, how the deployment risk is bounded, and what the commercial path looks like. The brief covers both. Sections 2–5 are operational. Sections 4 and 7 cover compliance and differentiation. Section 6 covers the design-partner pilot model.

2. Use Cases That Justify the Investment

Capabilities that turn a passive recording system into an active patient-safety, compliance, and operations layer. Every one of these ships in the Vigil-X.AI platform today.

The use cases below are anchored to the canonical 28 native AI Sense analytics plus the VMS and Check capabilities that complement them. Each maps to a hospital pain point a security head will recognise on the first reading — and that hospital management can frame as risk mitigation, compliance evidence, or operational throughput.

Use case	What it does	Powered by
Fallen Person detection	Real-time alert when a person falls — patient ward, corridor, lift lobby, post-operative recovery, geriatric area. Alert routes to the nursing station or security desk in seconds, with a recorded clip attached.	Vigil-X AI Sense (Behaviour)
Fire & Smoke detection	Visual fire and smoke detection across patient wards, storage rooms, biomedical waste areas, hospital kitchens, and pharmacy back-of-house. Triggers as soon as flame or smoke is visible to a camera — early enough for staff to isolate the zone before broader alarm escalation.	Vigil-X AI Sense (AI Analytics)
Weapon detection at Reception & Casualty	Visual detection of firearms in main reception, casualty entrance, OPD, and parking lobbies. Triggers a security-team alert with a clip attached — supports early de-escalation before an incident enters the hospital floor.	Vigil-X AI Sense (AI Analytics)
PPE & Mask compliance	Visual compliance monitoring for masks, gloves, gowns, head covers in operating theatres, ICUs, isolation wards, and infection-control corridors. Supports NABH infection-control audit evidence — and surfaces protocol breaches in real time, not after a chart review.	Vigil-X AI Sense (AI Analytics)
ED Crowd & Queue management	Crowd density and queue-length detection in Casualty / Emergency, OPD reception, billing counters, and pharmacy windows. Supports throughput operations and patient-experience reporting — and gives the duty manager a live signal of where staffing is short.	Vigil-X AI Sense (AI Analytics)
Restricted Area Intrusion & Unattended Object	Region-of-interest detection for drug storage, neonatal units, operating theatres, blood banks, isolation wards — plus alerts for objects left unattended in those zones beyond a configurable dwell time. Supports both compliance audit trails and live response.	Vigil-X AI Sense (Intrusion & Perimeter + Object Detection)
ICU & Consultation Privacy Masking	Configurable privacy zones for ICU live feeds and consultation rooms. Family-facing live view shows only the permitted area; clinical teams retain full visibility. Aligned with DPDPA and state ICU live-feed mandates.	Vigil-X VMS
Platform Operations Health, Visitor Audit, Mobile	Continuous device-health monitoring across the camera fleet (offline detection, network degradation, time-sync drift). Entry/exit recording at every ward boundary, casualty, OPD, and reception — with face detection at boundary points for visitor audit. Live feed and incident alerts on mobile for the security head and Medical Superintendent.	Vigil-X Check + Vigil-X VMS (mobile surface)

AI Sense detections referenced above are drawn from the canonical 28 native analytics shipping in Phase 1 (Master Features sheet, May 2026). Cross-camera tracking is not in the product today and is not represented in this brief.

3. The Vigil-X.AI Healthcare Stack

One platform. Four products. Sold standalone, deployed together — the first Indian-built suite that consolidates VMS, AI, device-health, and command operations.

Most hospital surveillance deployments today stitch together a VMS from one vendor, AI analytics from a second, device-health monitoring from a third (or no one), and an incident-management workflow from a fourth (or a spreadsheet). Each integration is its own failure surface. Each vendor relationship is its own SLA.

Vigil-X.AI consolidates all four into a single suite under a single vendor with a single SLA. The four products are sold standalone for hospitals that want to start small, and bundle for hospitals that want the full operational layer.

Product	What it is for the hospital	Features
Vigil-X VMS	Enterprise video management — onboard cameras, live view, recording & storage, search & playback, role-based access, privacy masking, mobile surface for the security head.	169
Vigil-X AI Sense	Native AI analytics across four modules — object detection & classification (8), behaviour (1), intrusion & perimeter (6), and AI analytics (13: ANPR, fire & smoke, PPE & mask, weapon, crowd density, queue management, heatmap). Per-camera licensing — pick which cameras run which detections.	28
Vigil-X Check	Device-level health intelligence across the camera fleet — uptime, network, storage, time-sync, alert when a camera drops offline. Mobile dashboard for the IT team and security head.	39
Vigil-X Shield	Integrated command & control — incident lifecycle from alert to resolution, SOP-driven response, SLA tracking, case management. For hospitals running a central security operations function. Mobile incident response surface.	71
Total	Across the suite	381*

* Total includes 74 features in two internal-only products (Vigil-X Portal for license and user management, Vigil-X Mobile as a delivery surface) that support the four customer-facing products. Mobile capabilities surface inside Vigil-X VMS, Vigil-X Check, and Vigil-X Shield rather than as a separate product.

4. Compliance Map

Four compliance frameworks. Where Vigil-X.AI sits today, and where it is going next.

Hospitals procure surveillance against compliance, not against features. The map below is the honest posture as of May 2026 — what the platform satisfies today, what it is filing for, and what is on the roadmap. We do not claim certifications we do not hold.

Framework	Vigil-X.AI posture	What this means for your hospital
NABH accreditation	Active — platform aligned	CCTV at all NABH-mandated zones (entry/exit, ED, corridors, parking) with the audit-trail, retention, and access controls NABH assessors review. Platform supports NABH-aligned configuration out of the box.
State ICU live-feed mandates	Active — platform aligned	ICU live-feed access for patient families, with privacy masking on adjacent beds and configurable per-zone visibility. Configuration adapts to the specific state's mandate — every state's rule is slightly different.
DPDPA — patient data privacy	Active — platform aligned	Role-based access, privacy masking on consultation and ICU zones, retention limits, and audit logs of who viewed which clip and when. Aligns with DPDPA's personal-data classification of identifiable video.
MeitY CCTV CRO	Camera-side compliance	Vigil-X.AI is camera-vendor-agnostic via ONVIF. For procurement-bound deployments, Vigil-X.AI works with all 196 STQC-certified IP camera models across the seven listed brands — Sparsh, Matrix, Prama, CP Plus, Honeywell, Vicon, Equus.
STQC IoTSCS — platform certification	Filing in progress (August 2026)	Vigil-X.AI is among the first Indian VMS platforms going through the new IoTSCS process. For Phase-1 deployments — including private healthcare — STQC platform certification is not procurement-binding. We are sequenced for completion before government and smart-city procurement requires it.

Sources: Project Instructions §Compliance gates · NABH portal (2024) · STQC IoTSCS Certified Product List (10 April 2026) · MeitY CCTV CRO (gazetted 9 April 2024). Tints — green: active and aligned; orange: in progress.

5. Deployment Patterns

Three archetypes. Pick the one that matches your camera count and operational footprint.

Hospital deployments cluster into three patterns. Each is a real customer choice — none is a pricing trick. The right one depends on your facility footprint, your camera count, and whether you operate as a single hospital, a multi-block campus, or a multi-facility group.

Pattern	Footprint	What we deploy	Best fit
Single-Site Standard	30–80 cameras One hospital block	VMS + AI Sense (selective per-camera licensing) + Check. On-premises. Mobile surface for security head and CMS.	Mid-size single-block hospitals, day-care centres, specialty hospitals with 50-bed to 150-bed capacity.
Multi-Block Campus	80–250 cameras Multi-block campus	Full suite — VMS + AI Sense + Check + Shield. On-premises or hybrid cloud. Shield case management for the security operations centre.	Tertiary-care hospitals, multi-specialty hospitals with separate OPD/IPD blocks, attached medical colleges or research wings.
Multi-Facility Group	250–500+ cameras Multi-facility group	Federated suite — site-level VMS + AI Sense + Check at each hospital, central Shield ops surface across the group. Brand-standard compliance across facilities.	Hospital chains operating across multiple cities, group hospitals running a central security operations function, hospitals with central audit and compliance reporting.

Camera count ranges are typical — actual deployments vary. The platform supports both smaller and larger configurations on the same architecture.

On per-camera economics

Vigil-X AI Sense is licensed per camera — you pick which cameras run which detections. Not every camera in a hospital needs every analytic. A drug-storage camera benefits from Restricted Area Intrusion; a corridor camera benefits from Fallen Person; a parking camera benefits from Vehicle Detection. Per-camera licensing makes that selection explicit. VMS, Check, and Shield are licensed per the deployment topology. We will scope the per-camera mix together during the demo and send a fitted proposal within 24 hours.

6. The Design Partner Pilot

Thirty days. Structured success criteria. A built-in decision date — not a free trial.

Vigil-X.AI runs structured pilots, not free trials. The difference matters: a free trial drifts indefinitely until someone forgets to renew it; a pilot has Day 1 success criteria, Day 14 mid-pilot review, Day 21 commercial proposal, and Day 28 decision. Both sides know where they stand on every checkpoint.

A multi-specialty hospital is part of our design-partner pilot programme (structured pilots running from August 2026). The framework below is what we run with every design-partner hospital.

Parameter	Standard
Duration	30 days, extendable once to 60 days at 50% of production pricing.
Camera count	20–50 cameras across one or two wards. Picked together — usually a patient-safety-heavy ward (geriatric, post-operative) plus a compliance-heavy ward (ICU, neonatal) to exercise both axes.
Pricing	Free for the first three healthcare design-partner deployments. Production pricing thereafter, scoped from the demo.
Support	Dedicated engineering contact. Daily check-ins Week 1, weekly thereafter. Direct access to Preetam (product owner) for capability questions.
Success criteria	Defined upfront in writing in the Pilot MOU. Indicative thresholds: camera uptime above 98%, AI detection accuracy above 90% in the deployed use cases, alert response under 60 seconds, zero undetected camera failures. Final thresholds are confirmed against the deployment context before sign.
Conversion	Standard commercial pricing on successful evaluation. Decision by Day 28; proposal in hand by Day 21.
What we ask in return	Case study participation, logo usage rights, willingness to take a reference call from the next hospital evaluating the platform.

7. Why Vigil-X.AI for Healthcare

Four differences that matter when a hospital is choosing a surveillance platform — not a camera vendor.

India-built, India-supported, India-priced

Vigil-X.AI is built by an Indian engineering team, supported by an Indian customer-success team, and priced for the Indian hospital market — not a converted dollar price for a global SKU.

India-built also means India-aligned: NABH zones, state ICU mandates, DPDPA controls, and STQC posture are first-class concerns, not retrofitted regional tweaks.

Single-vendor consolidation

The platform delivers VMS, AI analytics, device-health monitoring, and command operations from one vendor under one SLA. The hospital does not stitch a Genetec VMS to a third-party AI engine to a separate device-health tool to an Excel-driven incident workflow. The four products are designed together, deployed together, and supported together.

NABH-aligned out of the box

Vigil-X.AI ships with NABH-zone defaults, retention controls, role-based access, and audit trails configured to what NABH assessors review. The platform reduces the gap between what the camera fleet records and what the audit needs — without an integration project.

Transparent per-camera AI economics

AI Sense is licensed per camera. The hospital chooses which cameras run which detections — drug storage gets Restricted Area Intrusion, the corridor gets Fallen Person, parking gets Vehicle Detection. The licensing model is explicit, scoped to the deployment, and avoids paying for analytics on cameras that do not need them. Comparative pricing is published with the proposal that follows the demo.

8. Where to Go from Here

Two paths from this brief — depending on where you are in your evaluation.

If you want...	...ask for	Format
A 60-minute live demo	Sector-specific walkthrough: Fallen Person detection, Restricted Area Intrusion, Camera Health dashboard, ICU privacy masking. Tailored to your hospital's footprint.	On-site or remote
A scoped commercial proposal	After the demo — fitted to your camera count, deployment pattern, and use-case mix. Delivered within 24 hours of the demo.	PDF + spreadsheet
A 30-day Design Partner pilot	Structured pilot per Section 6 — 20–50 cameras across one or two wards, Day 1 MOU, Day 28 decision. Free for the first three healthcare partners.	Pilot MOU + deployment plan
A capability comparison	172-capability head-to-head against nine named competitors — Indian and international. Source-cited per cell. Useful for procurement evaluation.	On request

Ready for a hospital-fit demo?

Book a 60-minute walkthrough for your security head and management team.

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