

INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE & MANAGEMENT

I
J
R
C
M



A Monthly Double-Blind Peer Reviewed Refereed Open Access International e-Journal - Included in the International Serial Directories

Indexed & Listed at:

Ulrich's Periodicals Directory ©, ProQuest, U.S.A., EBSCO Publishing, U.S.A., Cabell's Directories of Publishing Opportunities, U.S.A.

as well as in Open J-Gate, India [link of the same is duly available at infibnet of University Grants Commission (U.G.C.)]

Registered & Listed at: Index Copernicus Publishers Panel, Poland

Circulated all over the world & Google has verified that scholars of more than Hundred & Thirty Two countries/territories are visiting our journal on regular basis.

Ground Floor, Building No. 1041-C-1, Devi Bhawan Bazar, JAGADHRI – 135 003, Yamunanagar, Haryana, INDIA

www.ijrcm.org.in

CONTENTS

Sr. No.	TITLE & NAME OF THE AUTHOR (S)	Page No.
1.	MEETING TODAY'S LEADERSHIP CHALLENGES IN A COMPLEX WORLD <i>IKECHUKWU NWOSU & NICK ANDERSON</i>	1
2.	DO FINANCIAL AND NON-FINANCIAL VARIABLES EXPLAIN THE DIFFERENCE BETWEEN THE COMPANIES' BOOK VALUE AND MARKET VALUE? <i>MOHAMMAD REZA ABDOLI, MANSOOR GARKAZ & ALI MIRAZAMI</i>	8
3.	THE IMPACT OF EDUCATION ON CONSUMER ACTIVISM IN NIGERIA <i>DR. ANTHONY .A. IJEWERE</i>	14
4.	FAMILY PLANNING PRACTICES IN ETHIOPIA WITH SPECIAL REFERENCE TO MEKELLE CITY <i>DR. PUJARI KRISHNAIAH</i>	18
5.	VALUE RELEVANCE OF ACCOUNTING INFORMATION AND STOCK MARKET VULNERABILITY - A STUDY ON LISTED COMPANIES IN DHAKA STOCK EXCHANGE <i>MUHAMMAD SHAHIN MIAH</i>	23
6.	EFFECT OF AUDITOR QUALITY ON EARNINGS MANAGEMENT IN COMPANIES LISTED ON TEHRAN SECURITIES EXCHANGE <i>DR. MANSOUR GARKAZ</i>	28
7.	HOW SAFE IS THE NIGERIAN CONSUMER <i>DR. ANTHONY .A. IJEWERE</i>	32
8.	AN IMPERIAL STUDY ON THE RELATIVE IMPACT OF FACTORS AFFECTING THE IMAGE OF A BANK <i>DR. DEEPAK GUPTA & DR. VIKRANT SINGH TOMAR</i>	35
9.	STUDY OF FACTORS PROPELLING THE GROWTH OF PRIVATE LABELS IN INDIA <i>SANDEEP PURI, HARSH DWIVEDI & BHAWANA SHARMA</i>	41
10.	SIGNIFICANCE OF CUSTOMER VALUE IN PURCHASE INTENTION IN BUILDING CUSTOMER EQUITY IN COMPETITIVE SCENARIO <i>BABEET GUPTA & DR. J. S. GREWAL</i>	45
11.	EGO-WHAT MAKES EGO OUR GREATEST ASSET <i>COL. (RETD.) DR. R.M. NAIDU</i>	49
12.	IMPACTS OF MICROFINANCE ON POVERTY ALLEVIATION AND THE EMPOWERMENT OF WOMEN WITH SPECIAL REFERENCE TO RURAL WOMEN EMPOWERMENT AND ENTREPRENEURSHIP DEVELOPMENT IN INDIA <i>ANIL KUMAR.B.KOTE & DR. P. M. HONNAKERI</i>	51
13.	GENDER DIFFERENCE IN OCCUPATIONAL STRESS AND COPING STRATEGIES AMONG MIDDLE LEVEL MANAGERS IN PRIVATE SECTOR ORGANIZATIONS <i>D. CHITRA & DR. V. MAHALAKSHMI</i>	55
14.	CUSTOMER VALUE OF HAIR CARE PRODUCT (WITH SPECIAL REFERENCE TO SHAMPOO) IN TIRUCHIRAPALLI DISTRICT <i>V P T DHEVIKA & DR. N SUBRAMANI</i>	59
15.	INVESTING IN GOLD: A FUTURE PERSPECTIVE (WHY AND HOW TO INVEST IN 'GOLD' WITH SPECIAL REFERENCE TO COMMON INVESTOR) <i>DR. RITU KOTHIWAL & ANKUR GOEL</i>	63
16.	CELEBRITY ENDORSEMENT: DOES IT MAKE ANY IMPACT ON CONSUMER BUYING BEHAVIOR? <i>SUBEER BANERJEE, DR. RICHA BANERJEE & DR. MANOJ PATWARDHAN</i>	67
17.	CREDIT ANALYSIS IN INDIAN BANKS: AN EMPIRICAL STUDY <i>DR. SUNITA JINDAL & AJAY KUMAR</i>	72
18.	ROLE OF SELF HELP GROUPS ON THE DEVELOPMENT OF WOMEN ENTREPRENEURS - A STUDY OF MYSORE DISTRICT, KARNATAKA STATE <i>SAVITHA.V & DR. H. RAJASHEKAR</i>	77
19.	A STUDY ON CUSTOMERS SATISFACTION OF SELECTED NATIONALISED BANKS WITH SPECIAL REFERENCE TO COIMBATORE CITY <i>M. PRAKASH & A. PRABHU</i>	81
20.	RETAILING BOOM: A CASE STUDY OF A TYPICAL SHOPPING MALL OF AURANGABAD CITY <i>AMOL MURGAJ</i>	86
21.	IMPACT OF MEDICAL TOURISM IN INDIA <i>MAULIK C. PRAJAPATI & VIPUL B. PATEL</i>	91
22.	A STUDY ON CUSTOMER BUYING BEHAVIOUR OF DTH SERVICES IN PALAYAMKOTTAI <i>T. SAMSON JOE DHINAKARAN</i>	96
23.	TARGET AND ACQUIRER'S FEATURES ANALYSIS IN VOLUNTARY AND FIAT DRIVEN MERGERS IN INDIAN BANKING SECTOR <i>DR. SAVITHA G.LAKKOL</i>	99
24.	A STUDY OF STRATEGIC HUMAN RESOURCE MANAGEMENT IN MANUGRAH <i>DEEPAI SAMBHAJIRAO KADAM.</i>	104
25.	REAL TIME OBSTACLES IN SUCCESSION PLANNING <i>MEHULKUMAR G. THAKKAR</i>	114
26.	CONTEMPORARY ISSUES IN STRATEGIC MANAGEMENT FOR BUSINESS <i>K. AMUTHA</i>	122
27.	ANALYSING THE SIGNALING EFFECTS ON ICICI BANK'S SHARE PRICE – EMPIRICAL STUDY <i>V. PRABAKARAN & D. LAKSHMI PRABHA</i>	126
28.	A PRAGMATIC EXPLORATION OF HRD CLIMATE PRACTICES IN STATE AND CENTRAL UNIVERSITIES <i>DR. PARVEZ ABDULLA, GAURAV SEHGAL & ASIF A. KHAN</i>	130
29.	EVALUATION OF THE COMPATIBILITY OF THE BANK GUARANTEES ISSUED BY THE JK BANK LTD. WITH LAW AND POLICY - A CASE STUDY OF THE JK BANK LTD. IN SRINAGAR <i>MOHD YASIN WAN & S. Z. AMANI</i>	140
30.	WAYS TO HIRE AND RETAIN GENERATION Y EMPLOYEES <i>DR. NITASHA KHATRI</i>	145
	REQUEST FOR FEEDBACK	148

CHIEF PATRON

PROF. K. K. AGGARWAL

Chancellor, Lingaya's University, Delhi
Founder Vice-Chancellor, Guru Gobind Singh Indraprastha University, Delhi
Ex. Pro Vice-Chancellor, Guru Jambheshwar University, Hisar

PATRON

SH. RAM BHAJAN AGGARWAL

Ex. State Minister for Home & Tourism, Government of Haryana
Vice-President, Dadri Education Society, Charkhi Dadri
President, Chinar Syntex Ltd. (Textile Mills), Bhiwani

CO-ORDINATOR

DR. SAMBHAV GARG

Faculty, M. M. Institute of Management, Maharishi Markandeshwar University, Mullana, Ambala, Haryana

ADVISORS

DR. PRIYA RANJAN TRIVEDI

Chancellor, The Global Open University, Nagaland

PROF. M. S. SENAM RAJU

Director A. C. D., School of Management Studies, I.G.N.O.U., New Delhi

PROF. M. N. SHARMA

Chairman, M.B.A., Haryana College of Technology & Management, Kaithal

PROF. S. L. MAHANDRU

Principal (Retd.), Maharaja Agrasen College, Jagadhri

EDITOR

PROF. R. K. SHARMA

Professor, Bharti Vidyapeeth University Institute of Management & Research, New Delhi

CO-EDITOR

DR. BHAVET

Faculty, M. M. Institute of Management, Maharishi Markandeshwar University, Mullana, Ambala, Haryana

EDITORIAL ADVISORY BOARD

DR. RAJESH MODI

Faculty, Yanbu Industrial College, Kingdom of Saudi Arabia

PROF. SANJIV MITTAL

University School of Management Studies, Guru Gobind Singh I. P. University, Delhi

PROF. ANIL K. SAINI

Chairperson (CRC), Guru Gobind Singh I. P. University, Delhi

DR. SAMBHAVNA

Faculty, I.I.T.M., Delhi

DR. MOHENDER KUMAR GUPTA

Associate Professor, P. J. L. N. Government College, Faridabad

DR. SHIVAKUMAR DEENE

Asst. Professor, Dept. of Commerce, School of Business Studies, Central University of Karnataka, Gulbarga

MOHITA

Faculty, Yamuna Institute of Engineering & Technology, Village Gadholi, P. O. Gadholi, Yamunanagar

ASSOCIATE EDITORS

PROF. NAWAB ALI KHAN

Department of Commerce, Aligarh Muslim University, Aligarh, U.P.

PROF. ABHAY BANSAL

Head, Department of Information Technology, Amity School of Engineering & Technology, Amity University, Noida

PROF. V. SELVAM

SSL, VIT University, Vellore

DR. N. SUNDARAM

Associate Professor, VIT University, Vellore

DR. PARDEEP AHLAWAT

Reader, Institute of Management Studies & Research, Maharshi Dayanand University, Rohtak

S. TABASSUM SULTANA

Associate Professor, Department of Business Management, Matrusri Institute of P.G. Studies, Hyderabad

TECHNICAL ADVISOR

AMITA

Faculty, Government M. S., Mohali

MOHITA

Faculty, Yamuna Institute of Engineering & Technology, Village Gadholi, P. O. Gadholi, Yamunanagar

FINANCIAL ADVISORS

DICKIN GOYAL

Advocate & Tax Adviser, Panchkula

NEENA

Investment Consultant, Chambaghat, Solan, Himachal Pradesh

LEGAL ADVISORS

JITENDER S. CHAHAL

Advocate, Punjab & Haryana High Court, Chandigarh U.T.

CHANDER BHUSHAN SHARMA

Advocate & Consultant, District Courts, Yamunanagar at Jagadhri

SUPERINTENDENT

SURENDER KUMAR POONIA

CALL FOR MANUSCRIPTS

We invite unpublished novel, original, empirical and high quality research work pertaining to recent developments & practices in the area of Computer, Business, Finance, Marketing, Human Resource Management, General Management, Banking, Insurance, Corporate Governance and emerging paradigms in allied subjects like Accounting Education; Accounting Information Systems; Accounting Theory & Practice; Auditing; Behavioral Accounting; Behavioral Economics; Corporate Finance; Cost Accounting; Econometrics; Economic Development; Economic History; Financial Institutions & Markets; Financial Services; Fiscal Policy; Government & Non Profit Accounting; Industrial Organization; International Economics & Trade; International Finance; Macro Economics; Micro Economics; Monetary Policy; Portfolio & Security Analysis; Public Policy Economics; Real Estate; Regional Economics; Tax Accounting; Advertising & Promotion Management; Business Education; Management Information Systems (MIS); Business Law, Public Responsibility & Ethics; Communication; Direct Marketing; E-Commerce; Global Business; Health Care Administration; Labor Relations & Human Resource Management; Marketing Research; Marketing Theory & Applications; Non-Profit Organizations; Office Administration/Management; Operations Research/Statistics; Organizational Behavior & Theory; Organizational Development; Production/Operations; Public Administration; Purchasing/Materials Management; Retailing; Sales/Selling; Services; Small Business Entrepreneurship; Strategic Management Policy; Technology/Innovation; Tourism, Hospitality & Leisure; Transportation/Physical Distribution; Algorithms; Artificial Intelligence; Compilers & Translation; Computer Aided Design (CAD); Computer Aided Manufacturing; Computer Graphics; Computer Organization & Architecture; Database Structures & Systems; Digital Logic; Discrete Structures; Internet; Management Information Systems; Modeling & Simulation; Multimedia; Neural Systems/Neural Networks; Numerical Analysis/Scientific Computing; Object Oriented Programming; Operating Systems; Programming Languages; Robotics; Symbolic & Formal Logic and Web Design. The above mentioned tracks are only indicative, and not exhaustive.

Anybody can submit the soft copy of his/her manuscript **anytime** in M.S. Word format after preparing the same as per our submission guidelines duly available on our website under the heading guidelines for submission, at the email addresses: info@ijrcm@gmail.com or info@ijrcm.org.in.

GUIDELINES FOR SUBMISSION OF MANUSCRIPT

1. **COVERING LETTER FOR SUBMISSION:**

DATED: _____

THE EDITOR
IJRCM

Subject: SUBMISSION OF MANUSCRIPT IN THE AREA OF _____.

(e.g. Finance/Marketing/HRM/General Management/Economics/Psychology/Law/Computer/IT/Engineering/Mathematics/other, please specify)

DEAR SIR/MADAM

Please find my submission of manuscript entitled '_____ ' for possible publication in your journals.

I hereby affirm that the contents of this manuscript are original. Furthermore, it has neither been published elsewhere in any language fully or partly, nor is it under review for publication elsewhere.

I affirm that all the author (s) have seen and agreed to the submitted version of the manuscript and their inclusion of name (s) as co-author (s).

Also, if my/our manuscript is accepted, I/We agree to comply with the formalities as given on the website of the journal & you are free to publish our contribution in any of your journals.

NAME OF CORRESPONDING AUTHOR:

Designation:

Affiliation with full address, contact numbers & Pin Code:

Residential address with Pin Code:

Mobile Number (s):

Landline Number (s):

E-mail Address:

Alternate E-mail Address:

NOTES:

- a) The whole manuscript is required to be in **ONE MS WORD FILE** only (pdf. version is liable to be rejected without any consideration), which will start from the covering letter, inside the manuscript.
- b) The sender is required to mention the following in the **SUBJECT COLUMN** of the mail:
New Manuscript for Review in the area of (Finance/Marketing/HRM/General Management/Economics/Psychology/Law/Computer/IT/Engineering/Mathematics/other, please specify)
- c) There is no need to give any text in the body of mail, except the cases where the author wishes to give any specific message w.r.t. to the manuscript.
- d) The total size of the file containing the manuscript is required to be below **500 KB**.
- e) Abstract alone will not be considered for review, and the author is required to submit the complete manuscript in the first instance.
- f) The journal gives acknowledgement w.r.t. the receipt of every email and in case of non-receipt of acknowledgment from the journal, w.r.t. the submission of manuscript, within two days of submission, the corresponding author is required to demand for the same by sending separate mail to the journal.

2. **MANUSCRIPT TITLE:** The title of the paper should be in a 12 point Calibri Font. It should be bold typed, centered and fully capitalised.

3. **AUTHOR NAME (S) & AFFILIATIONS:** The author (s) **full name, designation, affiliation (s), address, mobile/landline numbers**, and **email/alternate email address** should be in italic & 11-point Calibri Font. It must be centered underneath the title.

4. **ABSTRACT:** Abstract should be in fully italicized text, not exceeding 250 words. The abstract must be informative and explain the background, aims, methods, results & conclusion in a single para. Abbreviations must be mentioned in full.

5. **KEYWORDS:** Abstract must be followed by a list of keywords, subject to the maximum of five. These should be arranged in alphabetic order separated by commas and full stops at the end.
6. **MANUSCRIPT:** Manuscript must be in **BRITISH ENGLISH** prepared on a standard A4 size **PORTRAIT SETTING PAPER**. It must be prepared on a single space and single column with 1" margin set for top, bottom, left and right. It should be typed in 8 point Calibri Font with page numbers at the bottom and centre of every page. It should be free from grammatical, spelling and punctuation errors and must be thoroughly edited.
7. **HEADINGS:** All the headings should be in a 10 point Calibri Font. These must be bold-faced, aligned left and fully capitalised. Leave a blank line before each heading.
8. **SUB-HEADINGS:** All the sub-headings should be in a 8 point Calibri Font. These must be bold-faced, aligned left and fully capitalised.
9. **MAIN TEXT:** The main text should follow the following sequence:

INTRODUCTION

REVIEW OF LITERATURE

NEED/IMPORTANCE OF THE STUDY

STATEMENT OF THE PROBLEM

OBJECTIVES

HYPOTHESES

RESEARCH METHODOLOGY

RESULTS & DISCUSSION

FINDINGS

RECOMMENDATIONS/SUGGESTIONS

CONCLUSIONS

SCOPE FOR FURTHER RESEARCH

ACKNOWLEDGMENTS

REFERENCES

APPENDIX/ANNEXURE

It should be in a 8 point Calibri Font, single spaced and justified. The manuscript should preferably not exceed **5000 WORDS**.

10. **FIGURES & TABLES:** These should be simple, crystal clear, centered, separately numbered & self explained, and **titles must be above the table/figure**. **Sources of data should be mentioned below the table/figure**. It should be ensured that the tables/figures are referred to from the main text.
11. **EQUATIONS:** These should be consecutively numbered in parentheses, horizontally centered with equation number placed at the right.
12. **REFERENCES:** The list of all references should be alphabetically arranged. The author (s) should mention only the actually utilised references in the preparation of manuscript and they are supposed to follow **Harvard Style of Referencing**. The author (s) are supposed to follow the references as per the following:
 - All works cited in the text (including sources for tables and figures) should be listed alphabetically.
 - Use (ed.) for one editor, and (ed.s) for multiple editors.
 - When listing two or more works by one author, use --- (20xx), such as after Kohl (1997), use --- (2001), etc, in chronologically ascending order.
 - Indicate (opening and closing) page numbers for articles in journals and for chapters in books.
 - The title of books and journals should be in italics. Double quotation marks are used for titles of journal articles, book chapters, dissertations, reports, working papers, unpublished material, etc.
 - For titles in a language other than English, provide an English translation in parentheses.
 - The location of endnotes within the text should be indicated by superscript numbers.

PLEASE USE THE FOLLOWING FOR STYLE AND PUNCTUATION IN REFERENCES:

BOOKS

- Bowersox, Donald J., Closs, David J., (1996), "Logistical Management." Tata McGraw, Hill, New Delhi.
- Hunker, H.L. and A.J. Wright (1963), "Factors of Industrial Location in Ohio" Ohio State University, Nigeria.

CONTRIBUTIONS TO BOOKS

- Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

JOURNAL AND OTHER ARTICLES

- Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

CONFERENCE PAPERS

- Garg, Sambhav (2011): "Business Ethics" Paper presented at the Annual International Conference for the All India Management Association, New Delhi, India, 19–22 June.

UNPUBLISHED DISSERTATIONS AND THESES

- Kumar S. (2011): "Customer Value: A Comparative Study of Rural and Urban Customers," Thesis, Kurukshetra University, Kurukshetra.

ONLINE RESOURCES

- Always indicate the date that the source was accessed, as online resources are frequently updated or removed.

WEBSITE

- Garg, Bhavet (2011): Towards a New Natural Gas Policy, Political Weekly, Viewed on January 01, 2012 <http://epw.in/user/viewabstract.jsp>

IMPACT OF MEDICAL TOURISM IN INDIA**MAULIK C. PRAJAPATI****ASST. PROFESSOR****V. M. PATEL COLLEGE OF MANAGEMENT STUDIES****GANPAT UNIVERSITY****GANPAT VIDHYANAGAR****VIPUL B. PATEL****ASST. PROFESSOR****V. M. PATEL COLLEGE OF MANAGEMENT STUDIES****GANPAT UNIVERSITY****GANPAT VIDHYANAGAR****ABSTRACT**

The aim of this research paper is to analyze the impact of medical tourism in India. As strange as this may sound, India receives hundreds of thousands of tourists that come in to the country to undergo medical treatments, then leaving the country and going back home. It is called "Medical Tourism" and it is a blooming global industry as India has become a main medical tourism hub. India's healthcare sector has made impressive strides in recent years and the country is increasingly projected as a 'healthcare hub'. Several features have positioned India as an ideal healthcare destination, like cost effective healthcare solutions, availability of skilled healthcare professionals, reputation for successful treatment in advanced healthcare segments, increasing popularity of India's traditional wellness systems and rapid strides made in information technology. Medical tourism is directly and indirectly affected on different areas of Indian economy. The rise of medical tourism emphasizes the privatization of health care, the growing dependence on technology, uneven access to health resources and the accelerated globalization of both health care and tourism. Medical tourism is highly affected to travelers, hospitals, insurance companies, hotels etc. This research study will be helpful to Government for short term and long term strategic planning to resolve some problems like unemployment, currency flow, inflation and some other problems.

KEYWORDS

Inflation, medical tourism, medical tourism hub, strategic planning.

INTRODUCTION

Almost two decades ago, Goodrich & Goodrich (1987:217) defined health-care tourism as "the attempt on the part of a tourist facility (for example a hotel) or destination (in Baden, Switzerland) to attract tourists by deliberately promoting its health-care services and facilities, in addition to its regular tourist amenities".

Today authors such as Connell (2006:2) define medical tourism as a popular mass culture "where people travel often-long distances to overseas destinations (India, Thailand, Malaysia) to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense..." Another recent definition is made in the report Medical Tourism: a global analysis (2006), where medical tourism is described as any form of travel from one's normal place of residence to a destination at which medical or surgical treatments is provided or performed.

With general tourism on the rise (UNWTO 2009), it is estimated that the volume of medical tourists could reach 4 million per annum by 2012 (Deloitte 2008a). Medical tourism has become a major force for the growth of service exports worldwide, while concentrating on a selective number of recipient countries – with India and Thailand as major markets.

MEDICAL TOURISM DESTINATIONS

India is one of the countries that have deliberately set out to be a dominant medical tourism destination. According to Connell (2006:1), "India is capitalizing on its low costs and highly trained doctors to appeal to these medical tourists".

The outcome of this deliberate policy show that in 2004 India had 1.8 million inbound medical tourists, making the industry's contribution to the economy an estimated USD333million. The growth of medical tourism is a growing phenomenon in other south Asian countries such as Singapore and Thailand where medical tourism is used boost the arrivals to their beach resorts.

According to reports India's medical tourism business operations are growing at 30 per cent per year with projected revenues of at least US\$2.2 billion a year by 2012. Other significant medical tourism destinations include Singapore, Malaysia and Thailand. Singapore's medical tourism marketing campaign is targeted to attract one million foreign patients annually thus increasing the GDP contribution of this sector above US\$1.6 billion, and Malaysia expects medical tourism receipts to be approximately US\$590 million in five years' time. Most of the dominant medical tourism destinations in terms of global revenues reside in the Asian region. Other well-established medical tourism markets contributing to regional Asia's dominance are Thailand and South Korea, whose contributions are predicated to set the medical tourism industry past the US\$4 billion mark by 2012 (Asia's Growth Industry, 2006).

The established players in this sector in the current economic scenario are Apollo Group of Hospitals (India), Fortis-Escorts Heart Institute (India), Bumrungrad Hospital (Thailand), Sunway Medical Centre (Malaysia) and the Raffles Hospital (Singapore) (Gopal, 2008). Ironically, the emerging trend implies 'first world health care at third world prices' wherein the under-insured and un-insured consumers from industrialized nations seek first world care and quality at developing country prices (Turner, 2007).

WORLD SCENARIO OF MEDICAL TOURISM

In the last decade the medical tourism industry has become large. Deloitte (2008) estimated that the world medical tourism market in 2008 was around US\$ 60 billion and that it is expected to grow to US\$ 100 billion by 2010. It is also estimated that around 6 million people a year worldwide will travel for medical care by 2010 (Herrick, 2008). Medical tourism' can contribute Rs 5,000-10,000 crore additional revenue for up market tertiary hospitals by 2012, according to a Confederation of Indian Industry (CII)-McKinsey joint study.

The healthcare industry is the world's one of the largest industry with global revenues estimated at US \$ 2.8 trillion. The Indian Healthcare Delivery market is estimated at US \$ 18.7 billion, of which nearly 65 per cent has been captured by the private sector. The industry is growing at about 13 percent annually and is expected to grow at 15 percent over the next four to five years. According to a recent study by Confederation of Indian Industry & McKinsey, the industry would grow at 8.5 percent of GDP by 2010, to around US \$ 45 billion. Private healthcare is expected to account for 75 percent of this spending.

MEDICAL TOURISM IN INDIA

Firstly, India has been chosen as a target country due to the favorable estimates provided by leading consultants like McKinsey which revealed that medical tourism in India could become a US \$2 billion industry by 2012 (from US \$350 million in 2006). Likewise, a study by Credit Suisse, FICCI-Ernst and Young, estimates medical tourism to be growing at 25-30% annually primarily due to: the low treatment cost in India (20 % of the average cost incurred in the US, Singapore, Thailand and South Africa); rising consumerism; globalization and changing lifestyles (AHEL, 2009).

India, Malaysia, Singapore, and Thailand are well-established destinations for medical tourists seeking cardiac surgery and orthopedic surgery (Kher, 2006; Macready, 2007). Medical services in India are particularly affordable, with prices as low as 20% of those in the United States with the medical tourists availing elective procedures such as: cosmetic surgery; dental procedures; bariatric surgery (for weight loss); assisted reproductive technology; ophthalmic care; orthopedic surgery; cardiac surgery; organ and cellular transplantation; gender reassignment procedures; executive health evaluations along with alternate therapies like yoga, ayurveda, aromatherapy and acupuncture (Kher, 2006; Konzept Analytics, 2008).

Additionally, Medical Tourism may be categorized as: *outbound* where patients travel abroad for medical care; *inbound* where foreign patients travel to the host country for care and *intra-bound* where patients travel domestically for medical care (Deloitte, 2009).

The difference in treatment costs can be considerable; for example, the cost of an elective coronary artery bypass graft surgery is about \$60,400 in California, \$25,000 in Mexico, \$15,500 in Bumrungrad, Thailand, \$10,000 in Wockhardt, India and only \$6,500 in Apollo, India (Milstein, 2006b). Hence, cost-conscious patients choose to accept the inconvenience and uncertainties of offshore healthcare to obtain service at prices they can more comfortably afford (Lancaster, 2004; Arnold, Appleby and Kher, 2006).

Consequently, Bookman (2007) considers medical tourism to be a component of export-led economic growth, with the foreign currency earnings from international patients translating into output, jobs and income for developing countries, with the added bonus of improving their public health systems. Supplemented by other factors such as: low cost of administrative and medico-legal expenses; medical visas being issued in lieu of travel visas for patients allowing an extended stay for medical reasons; favourable economy; English being widely spoken due to India's history as a British colony and enjoying a favourable Government support, MTI seems to be a promising sector for India (Economic Times, 2005).

TOURIST ATTRACTIONS IN INDIA

India is a country known for its lavish treatment to all visitors, no matter where they come from. Its visitor-friendly traditions, varied life styles and cultural heritage and colourful fairs and festivals held abiding attractions for the tourists. The other attractions include beautiful beaches, forests and wild life and landscapes for eco-tourism; snow, river and mountain peaks for adventure tourism; technological parks and science museums for science tourism; centres of pilgrimage for spiritual tourism; heritage, trains and hotels for heritage tourism. Yoga, ayurveda and natural health resorts and hill stations also attract tourists.

The Indian handicrafts particularly, jewellery, carpets, leather goods, ivory and brass work are the main shopping items of foreign tourists. It is estimated through survey that nearly forty per cent of the tourist expenditure on shopping is spent on such items.

Despite the economic slowdown, **medical tourism** in India is the fastest growing segment of tourism industry, according to the market research report "Booming Medical Tourism in India". The report adds that India offers a great potential in the medical tourism industry. Factors such as low cost, scale and range of treatments provided in the country add to its attractiveness as a medical tourism destination.

FUTURE PROSPECT OF MEDICAL TOURISM IN INDIA

The Associated Chambers of Commerce and Industry of India (ASSOCHAM) has predicted that medical tourism from 2009-10 would grow at annual rate of 30% and reach a size of Rs.9500 crore by 2015 and enhance health sector contribution to national GDP at over 8%.

Currently, the size of medical tourism in India is measured at Rs.1500 crore with health sector contribution to national GDP close to 6%. The ASSOCHAM estimates that since India is poised to become an epicenter for medical tourism from throughout the world, its contribution to national GDP will rise by at least 2% and this is how the health sector share to national GDP would increase from 6% to over 8%.

Releasing the assessment of Medical Tourism, the Chamber has said that at least 6 fold increase is anticipated in the size of medical tourism by 2015 as from 2009-10, the worldwide patients would make India as a preferred choice for medical treatment because of cost and competitive factor. The Chamber has estimated that approximately 1,80,000 foreigners visited India for treatment from various parts of the world in the first 8 and half months of current fiscal and their number in subsequent times would increase by 22-25% in subsequent times.

The ASSOCHAM has said that India provides world class medical facilities with hospitals and specialized multi speciality health centres providing their expertise in areas of cosmetic surgery, dental care, heart surgeries, coronary bypass, heart check up, valve replacements, knee replacements, eye surgeries, Indian traditional treatments like ayurvedic therapies and much more, practically covering every aspect of medicine combining modern treatments with traditional experience.

The cost of surgery in India can be one tenth of what it is in the United States and Western Europe and sometimes even less. A heart-valve replacement that would cost \$ 200,000 or more in the US for example, goes for \$ 10,000 only in India and that includes round-trip airfare and a brief vacation package. Similarly, a metal free dental bridge worth \$ 5,500 in the US costs \$ 500 in India, a knee replacement in Thailand with six days of physical therapy costs about one-fifth of what it would be in the US.

Indian corporate hospitals excel in cardiology and cardiothoracic surgery, joint replacement, orthopedic surgery, gastroenterology, ophthalmology, transplants and urology to name a few. The various specialities covered are Neurology, Neurosurgery, Oncology, Ophthalmology, Rheumatology, Endocrinology, ENT, Pediatrics, pediatric surgery, pediatric neurology, urology, nephrology and general surgery.

The various facilities in India include full body pathology, physical and gynecological exams., dental checkup, eye checkup, diet consultation, audiometry, spirometry, stress and lifestyle management, pap smear, digital chest x-ray, 12 lead ECG, 2D echo colour Doppler etc.

Year	Size
2008	Rs. 1500 crore
2009	Rs. 1950 crore
2010	Rs.2535 crore
2011	Rs.3295.5 crore
2012	Rs.4284.15 crore
2013	Rs.5569.39 crore
2014	Rs.7240.21 crore
2015	Rs.9412.28 crore

Source: ASSOCHAM

IMPACT OF MEDICAL TOURISM IN INDIA**THE TRAVELER**

The traveler is the initial link who triggers the other linkages of the network. The foreign traveler comes to India earning the country valuable foreign exchange. On arrival in India, the tourist engages in discussions with the hospital where he is to be treated or informs the hospital of his arrival and puts up in the nicely done up rooms of the hospitals where he has all the comforts and luxuries of a five or seven star hotel as well as the attention of specialist doctors.

FOREIGN TOUR OPERATOR

If the traveler has done his booking through a tour operator of his native country, the tour operator also earns commission for the services offered to the customer. Many foreign travelers realizing the potential of medical/health tourism offer attractive packages to the traveler wishing to undertake the journey but with the popularity of online and electronic bookings most of the people wishing to travel prefer doing the bookings themselves according to their convenience and budget.

INDIAN HOSPITALS

The popularity of Indian hospitals as providing First world medical treatment at Third world prices is known the world over. The availability of qualified medical practitioners and world class hospitals in India is a great asset for the medical tourism industry. Indians, NRIs and tourists from around the world are beginning to realize the potential of modern and traditional Indian medicine. Indian hospitals and medical establishments have also realized the potential of this niche market and have begun to tailor their services for foreign visitors. Several Indian state governments have realized the potential of this 'industry' and have been actively promoting it. Visitors, especially from the west and the middle-east find Indian hospitals a very affordable and viable option to grappling with insurance and National medical systems in their native lands. Many prefer to combine their treatments with a visit to the 'exotic east' with their families, killing two birds with one stone.

Leading hospitals in India offering medical tourism facilities are:

- _ Apollo Hospitals, Chennai
- _ All India Institute of medical Sciences (AIIMS), New Delhi
- _ Arvind Eye Hospitals, Madurai
- _ B. M. Birla Heart Research Centre, Kolkata
- _ Breach Candy Hospital, Mumbai
- _ Escorts Heart Institute and Research Centre Limited, New Delhi
- _ Fortis Hospital, Chandigarh
- _ Indraprastha Apollo Hospital, New Delhi
- _ Jaslok Hospital, Mumbai
- _ Mallya Hospital, Bangalore
- _ Manipal Heart Foundation, Bangalore
- _ Narayana Hrudayalaya, Bangalore
- _ PD Hinduja National Hospital and Medical Research Centre, Mumbai
- _ Sankara Nethralaya, Chennai
- _ Tata Memorial Hospital, Mumbai
- _ Wockhardt Chain of Hospitals,

With an estimated 1.7 lakh foreigners already flying to India for medical treatment annually, the country is poised to capture the fast-growing market for off-shore health care and help solve the crisis of surging medical costs in the developed world. Just as Indian computer whizkids can now match US and European software analysts at any level of sophistication, its army of doctors and nurses can offer comparable care, at minimal cost, a media report said in London.

Mumbai's Jaslok Hospital has a floor devoted to Gulf patients, which are among the 1.7 lakh foreigners flying to India each year for knee, hip, spine and heart surgery at bargain prices, The Daily Telegraph reported. The Indian hospitals have all the latest Western kit with machines identical to those in top US and British hospitals but the prices are not. A study by the Confederation of Indian Industry forecast that medical tourism will reach \$2.3 billion dollars a year by 2012 and could further rise significantly.

INSURANCE COMPANIES

The insurance companies are a vital link in the medical/health tourism network, especially in case of medical interventions that are of major type. The patients prefer getting himself insured before undergoing the operation to be on the safe side considering the high cost of the major operations. While companies specializing in arranging trips for medical tourists are flourishing, insurers have been slow to adapt to this new market. Insurance companies in India are offering cover to the patients who need major medical interventions and the doctors too are supportive to their cause. The processing of the papers is also done quickly by the insurance companies. But it is the settlement of the bills of the doctors by the insurance companies that is presently very slow, with delays of over six months and more.

In certain cases, the medical tourist needs to check with their insurance provider whether treatment at an internationally recognized hospital in India is covered by their policy. If not, the patient will have to bear the expense of their treatment. The cost of treatment will however be much less than the equivalent treatment in a hospital in the West.

INDIAN TRAVEL AGENTS

The travel agents are contracted by the major hospitals that treat the medical tourist and then send him to recuperate in some serene, quite and picturesque locale which many times help in the early recuperation. This also helps the medical tourist to visit beautiful locations rather than convalescing inside the hospital.

However, it is only some of the travel agents who have got strong networks with the reputed hospitals that offer medical/health tourism package. Travel line India is one such travel agency. Most of the travel agencies do not deal in medical tourism mostly due to the big liability issue involved. Therefore, despite the strong market indicators, however, medical tourism appears to be off the radar screen for travel agents.

TOURIST DESTINATION/PLACE

India is one of the world's most amazing tourist destinations. India offers a range of tourism options to every tourist who travels to India. From culture and history, adventure and wildlife, beaches and mountains, meditation and festivity, Ayurveda to modern medical treatment, busy cities and quite backwaters, India has on offer all this and much more! The State governments of tourist hot spots have an important role to play in ensuring that tourism in their region receives a boost. This can be done by making suitable policy changes, providing better infrastructure and upgrading the already existing tourist facilities to world standards.

LOCAL TOUR OPERATOR

The local tour operators come into play when the medical tourist visits the local tourist destinations. They provide facilities like the vehicles for the safari ride and guest house/resort facilities. As they are conversant with the place, they also offer a day or half a day trips to the scenic locales of the local tourist regions. Besides, they also offer facilities of a local guide and in some cases, facilities of translators/interpreters. For providing the facilities of translators/interpreters, the tour operator has to be a major player as he will need to specially recruit people who are conversant with the foreign languages.

LOCAL GUIDE

The guide can be an independent person who has taken up this profession as a means of livelihood or he can also be attached to the local tour operator or be an employee of the state government, because in many tourist places, the governments have introduced the facility of local government guides, to accompany the tourist and preventing him from being duped by miscreants who often cause harm to the tourist financially and sometimes even physically.

The local guide is of great help to the foreign tourist as he tells them tales associated with the monuments, place, etc, which makes the entire experience very enriching than what would have been without the local guide. The guide can also be of help to the tourist in making local purchase by suggesting the specialty of

the place to take back home as well as help him in getting a good bargain and prevent him from paying more. These things may seem trivial, but can make a big difference in the entire experience of the tourist being enjoyable to unpleasant.

LOCAL HOTELS

The local hotels play an important part in providing accommodation and other hospitality to the foreign tourist, including food. India's cuisine is as diverse as its culture, languages, regions and climate. India is probably the one land that boasts of as wide a variety of vegetarian cuisine as non-vegetarian cuisine. And as expected every region of India has its own unique dish as well as subtle variations to popular dishes. The local hotels play an important role in generating secondary employment in the local region as they employ many people for the various chores of the hotel from good housekeeping, room attendants, cooks, etc. The telecommunication facilities available in the hotels help the foreign tourist to be in touch with the happenings in his native place. Thus, from employment generation point of view, the role of the local hotels assumes importance as well as due to the fact that it also triggers small business set-ups to flourish like the supply of essential commodities to the hotel, laundry facilities, etc.

LOCAL MARKET

The local markets in the important tourist destinations are famous for selling the specialty of the region be it handicrafts, textiles, jewelry, decorative articles made out of marble, wood, etc. Most of the foreign tourists who visit these markets buy these articles to take home as fond memories of their trip to India. In some instances, if the tourist is a regular visitor to India, he/she takes home such Indian products in bulk to sell them in their own country and earn a profit. Such foreign entrepreneurs provide the incentive which helps such cottage industries to flourish. The local market of a tourist region is a vibrant area characterized by great activity with nicely done up shops showcasing their collection of various articles, small food joints offering mineral water and packaged snacks, etc. These markets do brisk business in the holiday season as the foreigners do not seem to mind paying a high price for the articles that they take a liking for.

INDEPENDENT MEDICAL REFERRAL COMPANIES

A most recent entrant in the field of medical tourism are the independent medical referral companies that review the individual's medical history and then recommend a doctor and hospital best suited for that particular patient. These medical referral companies use their knowledge of the medical community and institutions to ensure that the patient goes to a reliable medical facility with a proven track record of treating foreign patients. They also provide a complete service offering: visa and ticketing assistance, local transfers, complete coordination of treatment and recuperation, holidays in India, etc. Aarex India in Mumbai is one such agency. Aarex India has received and treated patients from USA, Europe, Africa and Asia.

GOVERNMENT & POLICY MAKERS

The Government of India has recognized the economic potential of medical tourism. The Ministry of Tourism (MOT), Government of India, has further enhanced the Mvisa and MXvisa, which it had introduced in January this year. Mvisa or medical visa was introduced specifically to facilitate inbound medical tourism. Mvisa was earlier valid for six months but now the validity has been extended to three years, provided the tourist can furnish a recommendation and sanction for the same from the doctor.

According to an official from the MoT, the ministry of external affairs (MEA) has communicated to the embassies of 18 countries informing them of this new development and also stated that the Mvisa procedures will now be completed within 48 hours. The Mvisa and MXvisa which is for attendant / family members accompanying the patient were introduced to provide further impetus to the inbound medical tourism sector. MXvisa is granted to the spouse/children or blood relations of the patients. However, not more than two attendants will be granted miscellaneous visas at a time. Tourists availing this visa are also required to get themselves registered with the local FRROs/FROs within 14 days of arrival.

In addition, the Government has also introduced policy measures such as the National Health Policy which recognizes the treatment of international patients as an export, allowing private hospitals treating international patients to enjoy the benefits of lower import duties, an increase in the rate of depreciation (from 25 per cent to 40 per cent) for life-saving medical equipment and several tax sops. The Health Ministry has agreed to give fast track visa clearance (within 48 hours) to the medical patients on arrival in India. Efforts are also being made to launch campaigns in the overseas markets that further project India as the attractive medical tourism destination.

But while helping to strengthen medical tourism, the Indian government is coming under increasing pressure to use these foreign exchange revenues to benefit the ailing and under resourced public health system. Healthcare is an essential service and, therefore, the government can interfere to impose constraints on healthcare tourism since it takes away capacity from the local population and imposes costs on the entire population. But, it then raises counter arguments. Where should the government impose constraints? Should the government prevent doctors and nurses from leaving the country? Since there is a severe shortage of teachers and professors, should the government prevent teachers from leaving the country? However, is it prudent for the government to support healthcare tourism? Should government allow unlimited medical tourism? Should the government impose taxes on medical tourism dollars?

Medicine is called a noble profession since it directly impacts people's lives. However, healthcare tourism is about providing access to those who can afford it. These actions can lead to severe negative outcomes. The entrepreneurs, the medical profession, and all the enablers such as industry associations and State governments need to tread carefully.

Experts are of the opinion that the government should increase the health expenditure from less than one per cent of the GDP to at least two per cent. They believe that once the government increases expenditure, the primary healthcare of the country will get a boost. The government should also play the role of facilitator to position the private players in the global arena besides promoting Ayurveda and other forms of traditional Indian medicinal systems in foreign countries.

GOVERNMENT SUPPORT

Till now, only a few big private healthcare providers such as Apollo, Fortis, Wockhardt and Max were creating their individual brand awareness in overseas markets through tie-ups with insurance companies and patient facilitation centres.

Now a number of smaller healthcare providers are working in collaboration with the government to launch a comprehensive programme to promote medical tourism. These include putting in place an accreditation system for domestic hospitals and healthcare providers, drawing up a price band for superspecialty services offered by Indian hospitals, adoption of country-specific marketing strategies, opening of overseas facilitation centres and tie-ups with overseas insurance companies.

The National Accreditation Board for Hospitals and Healthcare Providers (NABH) set up by the Ministry of Health under the aegis of the Quality Council of India is currently finalizing the guidelines for accreditation of hospitals and other healthcare service providers.

CONCLUSION

Medical Tourism industry in India is growing and it has vast potential for generating employment and earning large amount of foreign exchange besides giving a fillip to the country's overall economic development.

Medical tourism is a multi-dimensional activity, and basically a service industry, it would be necessary that all wings of the Central and State governments, private sector and voluntary organizations become active partners in the endeavor to attain sustainable growth in tourism if India is to become a world player in the medical tourism industry.

The medical tourism industry offers high potential for India primarily because of its inherent advantages in terms of cost and quality. However the competition is getting heated up and the success in future will largely be determined by development and implementation of a joint strategy by various players in the industry. Medical tourism is highly affected to travelers, hospitals, insurance companies, hotels etc. considering direct and indirect impact of medical tourism it could be conclude that with short term & long term strategies planning and using the specific abilities and tourism products of developing countries, which suffer from some indices as unemployment, limits in earning and currency flows, inflation and other problems most of their economic problems can be solved.

REFERENCES

1. Apollo Hospital Enterprise Ltd. (AHEL) (2009), Executive Summary. Available from: <http://im.sify.com/sifycmsimg/dec2009/Finance/14925051_Apollo_Hospitals_Sep09_results.pdf> [Accessed: 12th Dec 2011].
2. Appleby, J. and Schmidt, J. (2006). Sending patients packing. *USA Today*. Available from: <http://www.usatoday.com/money/industries/health/2006-07-26-travel-surgery-usat_x.htm> [Accessed: 21st November 2011].
3. Arnold, K. (2006). Going under the knife abroad: Medical tourism industry booms as health costs rise. *The Monitor*. McAllen: Texas.
4. Bookman, M.Z. and Bookman, K.R. (2007). Medical tourism in developing countries. Available from: <<http://utmj.org/ojs/index.php/UTMJ/article/viewFile/373/355>> [Accessed: 29th Dec.2011].
5. Connell, J. (2006) Medical tourism: Sea, sun, sand and surgery. *Tourism Management*, 27, 1093–1100.
6. Deloitte(2008), Medical Tourism – Consumers in Search of Value, Deloitte Center for Health Solutions, Washington, D.C.
7. Deloitte. (2009). *Medical Tourism: Update and implications*. Available from: <http://www.deloitte.com/assets/DcomUnitedStates/Local%20Assets/Documents/us_chs_MedicalTourism_102609.pdf> [Accessed: 2nd December 2011].
8. Deloitte (2008a) Deloitte Medical Tourism: The Asian Chapter
9. Economic Times, 29 July. (2005). *Great Indian Hospitality Can Be Biz Too*. Available from: <<http://economictimes.indiatimes.com/articleshow/1185175.cms>> [Accessed: 10 November 2011].
10. Goodrich, G. & Goodrich J., (1987) "Health care tourism – an exploratory study. *Tourism Management*" September. P217-222
11. Herrick, Devon M. (2008) "Medical tourism: health care free trade", National Center for Policy Analysis Brief Analysis No. 623, August.
12. Honey, Martha and Gilpin, Raymond, Special Report, 2009, "Tourism in the Developing World - Promoting Peace and Reducing Poverty"
13. Krishna, A.G., 1993 "Case study on the effects of tourism on culture and the environment: India; Jaisalmer, Khajuraho and Goa"
14. Indian Medical/Health Tourism Service Sector Network Report. (accessed 29th Nov. 2011)
15. Kher, U. (2006). Outsourcing your heart. *Time*, 44–47.
16. Koncept Analytics. (2008). Medical Tourism Market in Asia: Focus on Thailand, Malaysia, Singapore and India. Available from: <http://www.researchandmarkets.com/reportinfo.asp?report_id=602413> [Accessed: 28th Nov 2011].
17. MacReady, N. (2007). Developing countries court medical tourists. *Lancet*, 369, 1849–1850.
18. Market Research Division, Ministry of tourism, GOI, 2009 "Tourism Statistics 2008"
19. Milstein, A. (2006b). Statement at the hearing before the U.S. Senate Special Committee on Aging, June 27, Exhibit A.
20. Turner, L. (2007). First World Health Care at Third World Prices: Globalization, Bioethics and Medical Tourism. Available from: <<http://journals.cambridge.org/action/displayFulltext?type=1&fid=1316748&jid=BIO&volumeId=2&issueId=03&aid=1316740>> [Accessed 29th Dec. 2011].

WEB REFERENCES

21. www.ibef.org
22. www.incredibleindia.org
23. www.gdrc.org/uem/eco-tour/envi/index.html
24. www.garamchai.com/MedicalTourism.htm
25. www.chillibreeze.com/articles/MedicaltourisminIndia.asp
26. www.garamchai.com/MedicalTourismArticle2.htm
27. www.forbes.com/business/2006/10/25/health-medical-tourism-biz-cx_1026oxford.html
28. www.indiaprofile.com/medical-tourism/medical-insurance-and-legal-aspects.html
29. www.indiatravel.creativewebcorp.com/medical-health-tourism-india.html
30. www.tourismofindia.com/exi/cuisine.htm
31. www.travelagewest.com/articles.aspx?article=5841

REQUEST FOR FEEDBACK

Dear Readers

At the very outset, International Journal of Research in Commerce and Management (IJRCM) acknowledges & appreciates your efforts in showing interest in our present issue under your kind perusal.

I would like to request you to supply your critical comments and suggestions about the material published in this issue as well as on the journal as a whole, on our E-mails i.e. **infoijrcm@gmail.com** or **info@ijrcm.org.in** for further improvements in the interest of research.

If you have any queries please feel free to contact us on our E-mail infoijrcm@gmail.com.

I am sure that your feedback and deliberations would make future issues better – a result of our joint effort.

Looking forward an appropriate consideration.

With sincere regards

Thanking you profoundly

Academically yours

Sd/-

Co-ordinator

ABOUT THE JOURNAL

In this age of Commerce, Economics, Computer, I.T. & Management and cut throat competition, a group of intellectuals felt the need to have some platform, where young and budding managers and academicians could express their views and discuss the problems among their peers. This journal was conceived with this noble intention in view. This journal has been introduced to give an opportunity for expressing refined and innovative ideas in this field. It is our humble endeavour to provide a springboard to the upcoming specialists and give a chance to know about the latest in the sphere of research and knowledge. We have taken a small step and we hope that with the active co-operation of like-minded scholars, we shall be able to serve the society with our humble efforts.

Our Other Journals

