

International Multidisciplinary
Research Journal

*Indian Streams
Research Journal*

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Welcome to ISRJ

RNI MAHMUL/2011/38595

ISSN No.2230-7850

Indian Streams Research Journal is a multidisciplinary research journal, published monthly in English, Hindi & Marathi Language. All research papers submitted to the journal will be double - blind peer reviewed referred by members of the editorial board. Readers will include investigator in universities, research institutes government and industry with research interest in the general subjects.

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AN ANALYTICAL STUDY ON TRIBULATIONS FACED BY HEALTH TOURIST VISITING INDIA

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ABSTRACT

Health tourism is a thriving & very well-known notion which is acknowledged everywhere in the world & running widely & India is no exception to that.

The business of Health travel is promising. More than 130 countries around the world are competing for a pie of this global business.

Health tourist are travelling from all over the world to get 1st world class quality treatment in 10th world cost to India.

India is known for best Hospitality & warm welcome with the slogan as Atithi Devo Bhava!

This research paper highlights the tribulations encountered by the health tourists during getting the health care treatment in India.

India is a land with diversity in it therefore outlanders finds a trouble dealing with it several times like language barrier, standard establishment, visa rules & regulations.



KEYWORDS : WHO, WTO, JCI, NABH, JCAHO, VISA, Health Tourism, Health Tourist, Medical Tourism, Atithi Devo Bhava, Foreign Patients.

INTRODUCTION:-

The Health & Tourism Industry

The notion of health tourism includes apparatus from both the health and tourist industries. The characterization of health from the World Health Organization (WHO) helps to understand the idea of health

tourism: "Health is the status of complete physical, mental and social wellbeing and not purely the absence of disease or infirmity" (World Health Organization /WHO, 1946). Similarly, "disease is a disorder of the normal functions of the organs or organ structure of the body" (Herzlich and Pierret, 1992).

The notion of sickness & health has remained vague for a long time

From long time people are confused with the concept of sickness & health. The long-established health care market is known as the "sickness market" and has emerged as "novel health

care market.” for healthy people. It is essentially a simulated separation given that, there is fine line distinguishing health and disease.

- “Sickness market”. This submarket imitates the conventional indulgent of health care and comprise the features involved in curing the diseases of sick people (Sigrist, 2006b). The market is not only relevant from the perspective of cost, but also from that of the workforce, as already about 10 per cent of jobholders are engaged in health care institutions.
- The “new health care market” in disparity to the sickness market, keeps a concentration on prevention in healthy people. The standard of living of today’s society, where time and rest, and thus the search for comfort, are becoming a new luxury, shapes this market. Health is unpreserved; health contributions are subject to free market forces and buying decisions are the individual liability of the purchaser. On the other hand, the sickness market is highly synchronized. (Mudur, G. (2004)

“Health Tourism”, an expression unfamiliar until a few years ago, sounds unpredictable. Indeed, it is hard to imagine stronger division between two areas of social life, than that between tourism and hospitalization. Tourism, a voluntary leisure activity often perceived as a luminal reversal of everyday life (Cohen, E. (2010) and a time for hedonistic pleasure, free from obligations and external constraints, stands in sharp contrast to Health treatment and hospitalization. Two domains seem to be vitally irreconcilable. Though tourism is linked with freedom and pleasure, hospital evokes images of constraints and sufferings. Unless & until it is foremost critical one does not visit a hospital. As a travel writer noted: “the dentist clinic and the hospital waiting rooms antiseptic smells are tantamount with pain and a sense of helplessness. They just don’t merge with travel and vacations” (MacReady, N. (2007). However, during the last decade, the Health travel movement has accelerated stridently. The present phase of modern Health travel is exemplified by an industry approach whereby uninsured and underinsured consumers from industrialized countries seek first-class quality at developing country prices, a trend universally referred to as Health outsourcing. At the same time, the Health travel industry is gradually more grounded in tourism.

Well-developed healthcare systems and advances in technology have supported Health travel among Western countries for many years. However, Health travel in Asia is relatively new, mostly emerging in the aftermath of the Asian financial crisis in 1997. With the middle-class clientele in many countries affected by the financial downturn, private hospitals were faced with a momentous drop in local business. Hospitals needed to be creative in identifying alternative sources of revenue. Their first steps- into the international patient market were facilitated by their devalued currencies, providing an attractive combination of modern amenities and low prices.

Although largely driven by the private sector, including hospitals and intermediary organizations such as specialized travel agencies utilizing competitive marketing initiatives, governments are increasingly contributing to the development of this industry in South Asia, South-East and East Asia. Asia represents the most potential Health tourism market in the world. According to a recent article on Hotelmarketing.com, Asia’s Health tourism industry is expected to be worth at least \$14 billion by the year 2017. Presently, an estimated 8.32 million Health tourists come to Asia from all over the world, including the U.S. and Europe (actually, quite a bit of the current travel comes from within the Asian region itself) (Cohen, I. G. (2010). India, with its low cost advantage and emergence of several private players, represents the fastest growing Market.

Health tourism – concept clarification and classification

Health Tourism is wide notion with various definitions.

- (1) World Tourism Organization/WTO: "Tourism associated with travel to health spas or resort destinations where the primary purpose is to improve the traveller's physical well-being through a regimen of physical exercise and therapy, dietary control, and medical services relevant to health maintenance" (Gee and Fayos-Sola', 1997).
- (2) "Totality of the associations and phenomena resulting from the change of location and residence of individuals to promote, stabilize and possibly restore physical, mental and social well-being through use of health care services for which the location of the stay is neither the main nor permanent residence or workplace" (OECD (2010).
- (3) "This form of tourism is characterized by the aspect of health. The restoration or maintenance of personal health is in the foreground. The decision to take the journey may be influenced by constraints such as illness or the need for rehabilitation, or by a doctor's recommendation. The choice of destination may not be free for the sick person, but may be determined or at least heavily influenced by further constraints, such as decisions on reimbursement or indications of particular locations by a service provider" (Rulle, 2004, p. 20).

Despite of having good quality healthcare facilities in India we still lack with certain things which definitely is affecting the mindset of the health tourists.

Medical Visa to India

Mentioned below are the conditions and procedures to apply for an Indian Medical Visa.

Conditions

A medical category visa may be issued with the following conditions:

- a. The Indian Missions/Posts abroad may dissect the medical credentials very carefully and satisfy themselves about the bonafide purpose for which medical treatment visa is being requested.
- b. Mission may satisfy that the applicant has required preliminary medical advice from his country of origin/country of residence and he has been advised to go for specialized medical treatment. In case the foreign national desires to go for treatment under the Indian system of Medicines, his case may also be considered.
- c. This type of visa should be granted for seeking medical attendance only in reputed / recognized specialized hospitals/ treatment centers in the country. Although non exhaustive, following illustrative list of ailments would be of primary consideration; serious ailments like neuro-surgery; ophthalmic disorders; heart related problems; renewal disorders; organ transplantations; plastic surgery; joint replacement etc.. The basic idea would be that the mission may satisfy about the need of the foreign national to come to India for medical treatment/ health enhancements.

Validity of visa and extension of visa

The initial period for such a visa may be up to a period of one year or the period of treatment whichever less, which can be extended for a further period up to one year by the State Government/ FRROs on the production of medical certificate/ advice from the reputed/ recognized/ specialized hospitals in the country. Any further extension will be granted by the Ministry of Home Affairs only on the recommendations of the State Government/ FRROs supported by appropriate Medical documents. Such visa will be valid for maximum three entries during one year. State Government/ FRROs may

permit one additional entry in emergent situation if required.

Registration

Foreigners coming on 'M visa' will be required to get themselves registered mandatorily well within the period of 14 days of arrival with the concerned FRROs/ FROs

Visa to attendant/ family members

Attendant/family members of the patient coming to India for medical treatment shall be granted miscellaneous visa co-terminus with the 'M Visa' of the patient. Such visa may be granted the spouse/ children or those who have blood relations with the patient. However, not more than two attendants may be allowed at a time for grant of miscellaneous visa. Such visa will be called 'MX visa'. Such foreigners are also required to get themselves registered with the local FRROs/ FROs well within 14 days from the date of arrival.

Registration for Pak and Bangladeshi National

It may be clarified that 'Medical Visa' will be available to all the foreign nationals including China, Pakistan, Bangladesh, and Sri Lanka. However Registration formalities for Pakistani and Bangladeshi nationals will be as per the provisions contained in para 106 in respect of Bangladeshi national and para 118 of the visa manual in respect of Pakistani nationals. Similarly entry and departure of these foreign nationals will also be governed as per the existing policy in respect of these nationals. (Chinai, R. & Goswami, R. (2007).

Weaknesses of Indian Health Tourism

<i>Weakness</i>	<i>This means that...</i>
Only 36 JCI accredited and 63 NABH accredited hospitals (as on 25.6.2015)	Appears to be a weakness. However, targeted customer segments were not particular about the accreditation. Studies exposed that the general brand of the destination (India) for health tourism was more important than individual hospital official recognition. Hospitals had adequate quantity of domestic medical tourists and large number of inbound tourists who were not apprehensive with official recognition and therefore they (hospitals) had no inspiration to engage in hassles of official procedure for official recognition. However, limited number of hospitals with JCI accreditation can position themselves to aim United States of America/ United Kingdom and other westerner markets which appear to be a niche market. Many tourists from 'developed' west came for enrichment, dental care and IVF which didn't fall under the purview of JCI accreditation. A few hospitals presented themselves as having acquired accreditation but actual got only part official recognition for ambulatory care or just the laboratory.
Cost of treatment is less but other costs could be inhibiting	If the service providers target customers from low GDP countries, they should organize or network/ partner with other companies to offer affordable yet good eminence lodging for patients and their families.
Language related problems in case of non-English speaking customers	Hospitals/ service providers must work out a solution. There is need for training of linguists for example specialists of Arabic. Several health care centers are using services of students from customer's country studying in India.
Food not to taste	Hospitals and service providers should be sensitized to the palate of the tourists.

Lodging arrangements inadequate	Hospitals should go beyond the usual medical procedure to organize affordable accommodation for the medical tourist and the collaborator. Since these are not the strong point of health care centers they need to get associated with such organizations that specialize in this to provide quality to customers.
Indian medical tourism not aggressively promoted by Government. Individual hospitals are aggressively promoting their services.	There has to be coordinated effort at Government level. Till now Government is not putting much of efforts in promoting health tourism therefore Healthcare centers has to promote themselves on their own.
Lot of customers from non-English speaking countries	Prepare service providers and their employees for non-English polyglot proficiency as more health tourists from non-English speaking countries are expected.
General infrastructure is not impressive	Health care system/ providers can do little about this. However they can offset part of discontent by showing concern and offering support services
Visa related problems ➤ Cost of Medical visa is inhibitive. It is almost doubled the cost of tourist visa. ➤ It is not accessible in some countries from where India receives health tourists. ➤ Various respondents have reported fraud in endowment of visa ➤ Extension of visa takes time ➤ Abuse of medical visa by tourists and accomplice ➤ A minimum two months waiting is required for re-entry on a medical visa which is limited to 3 entries a year. For example, if a patient arrived for consultation, she/he must wait for at least two months to come back to India. It was told that India is losing these patients to Thailand, Singapore and Malaysia.	Medical tourists travel on tourist visa which is cheaper and readily available. Government should reassess the medical visa policy. Should check corruption and facilitate medical visa. Extension procedure of Visa for Health Tourist should be easy instead of complicated & time taking. Multiple entry visas should be developed for the Health Tourists as they require coming & visiting the doctors for the further consultations. Due to single entry visa policy India is losing these health patients to close-by Asian countries.
Differential pricing Some hospitals are using differential costing for medical procedures. While others have same prices for medical process but administer a diverse cost for pre and post procedure care and provision.	NRIs and PIO who are difficult to differentiate present themselves as home patients to benefit lesser charges. Similarly medical tourists from neighboring countries also do not reveal their individuality and seek price benefits posing as home patients.

Reported insensitivity of immigration officers/ FRRO. Each health tourists on medical visa must register with FRRO. At times seriously ill patients find it complex to 'go to' FRRO office in person. Things are supposedly 'managed'.	Educated immigration officers/ FRROs for better social proficiency and pleasant approach. Should consider evolving apparatus for verification where the patient may not have to go physically to the FRRO office, at least in cases of critical situations.
No tie-ups There is no institutional tie-up of Indian hospitals with insurance Companies in westerners/ developed world who are offering lower premium to their clients if they agree for a procedure in a low cost quality hospital at some other destination. There are such arrangements with hospitals especially in Singapore.	This is going to be a big challenge for Indian medical tourism. Indian hospitals should aggressively seek such institutional tie-ups with insurance companies.

1.1. AIM :

An analytical study on tribulations & defy faced by Health tourist visiting India

1.2.OBJECTIVES

1. To study Health Tourism concept
- 2.To study the complete cycle of health tourism industry.
- 3.To understand the Visa formalities related to health tourist.
- 4.To find out the tribulations & defy faced by the health tourist during visiting India for Health related matter.

1.3.LIMITATIONS :

- 1.This study is limited to health tourism only.
- 2.This study is limited to 1 metropolitan city only i.e. Mumbai.

2.METHODOLOGY :

The study adopts an analytical research design with sample survey approach. Among other facets shared by the various fields of inquiry is the conviction that the process be objective to reduce a biased interpretation of the results. Another basic expectation is to document, archive and share all data and methodology so they are available for careful scrutiny by other scientists, thereby allowing other researchers the opportunity to verify results by attempting to reproduce them. There are many ways of outlining the basic method shared by all fields of scientific inquiry. In the present investigation, the researcher followed a general research method as follows

- ✦ Define the question
- ✦ Gather information and resources (observe)
- ✦ Form hypotheses
- ✦ Data Collection
- ✦ Analyze data
- ✦ Interpret data and draw conclusions

In the present study, a quantitative method was used, which was clearly identified in view of the

specific objectives of the study. In the present study, a careful collection of facts was undertaken by the researcher to ensure the validity of the facts. Wherever, possible, the data for the same variable was recorded from more than one source. This allowed the careful scrutiny of the recorded data, which would give more appropriate results. The present study was carried out in three steps involving reconnaissance, data collection and analysis, followed by interpretation of statistics.

Patients with following criteria were excluded from the study:

a) who had come primarily as a tourist and during their stay in India, fell ill and thus sought medical care; b) who were living in India because of their Indian assignment or job or working in Embassies in India and fell ill; and c) international patients who were seriously ill and could not provide reliable information or admitted in intensive care unit. To collect the information on the patient's satisfaction, a pre-tested interview schedule was used.

2.1 RESEARCH DESIGN:

The purpose of this study is to study the problems encountered by the health tourists while getting his/ her healthcare treatment in India.

2.2. SELECTION OF AREA:

Mumbai ; A Metropolitan city was chosen as the primary area for conducting this research because of the development, & because of the best state of an art medical healthcare facility.

2.3. SAMPLING METHOD :

With the specification of the research, the non-probability sampling techniques of quota & purposive – convenient sampling were used. To conduct a survey the questionnaire were given to the Healthcare Professional, Health Tourist & to the Travel Agents in order to get their views, suggestion.

2.4. SAMPLE SIZE :

The sample size collected were as follows ;

Sr. No.	City	No. of Hospitals	Medical Professionals	Patients	Tour operators
01	Mumbai	05	08	20	03

2.5 TOOLS OF DATA COLLECTION :

Data was collected through primary and secondary data collection techniques. Primary data was collected through questionnaire – quantitative data filled by the Health Professional, Health Tourists and Travel Agents and also through face to face interview sessions.

Secondary data was collected & compiled through magazines, books, newspapers, brochures and informative websites etc.

2.6. ANALYSIS AND INTERPRETATION OF DATA :

The descriptive statistics, such as mode, frequency, percentage, minimum and maximum, etc. were determined from the collected data

- Inferential statistic such as Chi Square Test was used and the comparative assessment was carried out using suitable graphs

- ▲ The data generated during the study was processed using statistical tests with the aid of Statistical Package for Social Sciences (SPSS) 18.0 software and MS-Excel package

3.RESULT AND DISCUSSIONS :

Table .3.1: Information regarding country of residence of Health Tourist

SN	Country	No. of Patients	Percentage
1)	Sri Lanka	02	10
2)	Africa	04	20
3)	Bangladesh	02	10
4)	Nepal	06	30
5)	Other (USA, UK)	06	30
	Total	20	100

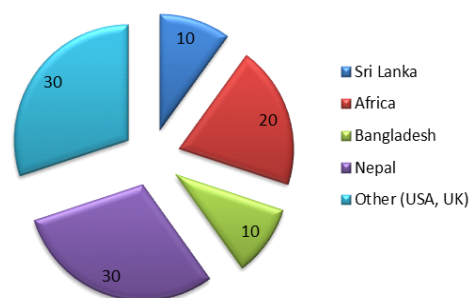
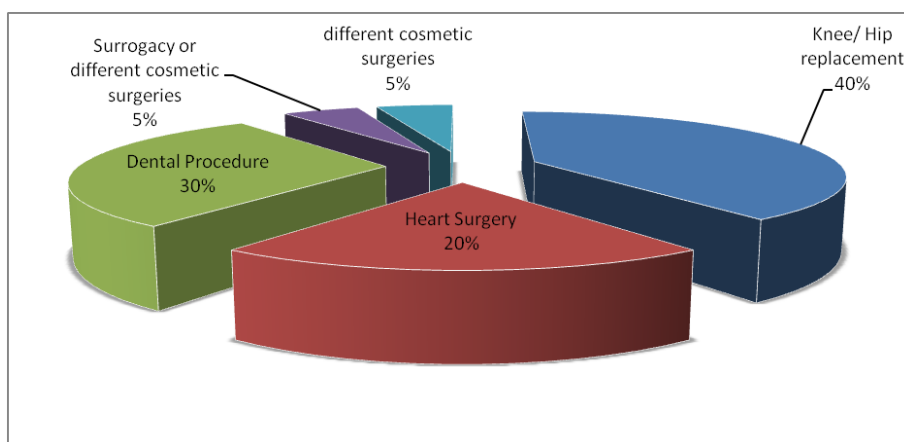


Table 3.3 provides information regarding country of residence of medical tourist. It was apparent from the information that 32.9% medical tourists were resident of Bangladesh, 24.1% medical tourists were resident of Africa, whereas 17.7% medical tourists each were resident of Sri Lanka and other countries. However; 7.6% medical tourists were resident of Nepal.

It may be concluded from the study results that majority of patients came from Bangladesh for their medical treatment.

Fig. No.3.2. Type of Treatment preferred by the Health Tourists

SN	Country	No. of Patients	Percentage
1)	Knee/ Hip replacement	08	40
2)	Heart Surgery	04	20
3)	Dental Procedure	06	30
4)	Surrogacy or different cosmetic surgeries	01	05
5)	different cosmetic surgeries	01	05
	Total	20	100

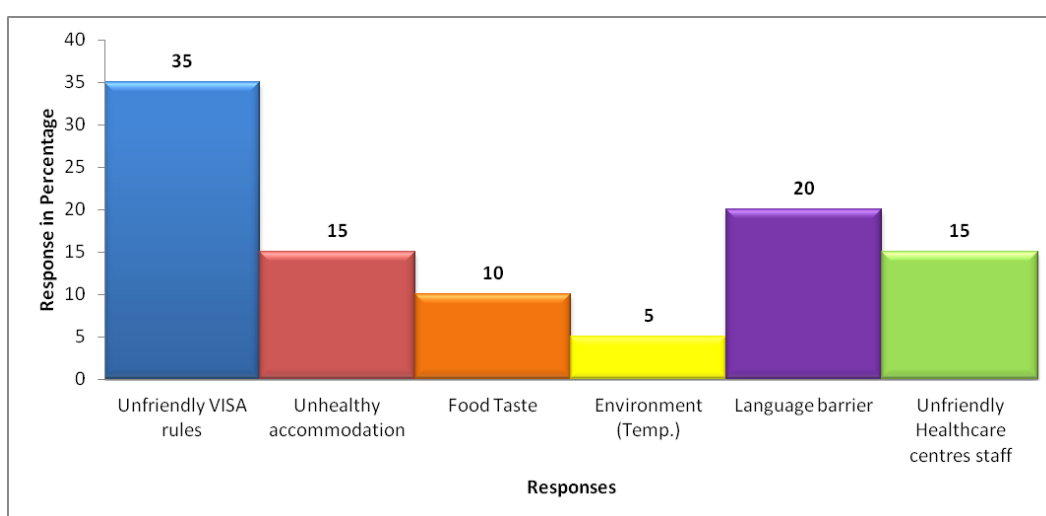


It may be concluded from the study results that majority of medical tourists visit healthcare

professional's hospital for Knee/hip replacement and heart surgery.

Fig. No.3.3. Type of problems encountered by the Health Tourists in India.

SN	Country	No. of Patients	Percentage
1)	Unfriendly VISA rules	07	35
2)	Unhealthy accommodation	03	15
3)	Food Taste	02	10
4)	Environment (Temp.)	01	05
5)	Language barrier	04	20
6)	Unfriendly Healthcare centres staff	03	15
	Total	20	100



From the above graph, it may be concluded that Health tourist face lot of problem through visa process & also with the language barrier which they encountered on every step in India specially in healthcare centres with nurse & ward boys. Health tourist also considers unhealthy accommodation, spicy food & hot temperature as problems which they encountered in India.

3.CONCLUSION AND SUGGESTION

India is known for its hospitality & for its healthcare facilities worldwide comely known as 1st class healthcare treatment at the cost of 10th world costs.

In India we have plenty of hospitals accredited by JCI.

But few things are holding India back in health tourism such as the differential cost in Healthcare sector as for the same treatment different healthcare centres charge differently in India. Not many healthcare centers are tied up with the international hospitals & also visa policies are pretty rigid, the emigration officer is quite rough in behavior with the health tourists.

Language is the prime problem which health tourist are facing, in hospitals doctor are qualified but the nurses & ward boys are not English effluents.

In India insurance companies from abroad have no tie up with India's hospitals so it becomes a problem for the health tourists to claim the insurance.

SUGGESTION

Health Tourism is the booming concept in India & to appreciate more of it India must bring following change in it to bring & maintains the incoming of foreign exchange.

1. Hospitals in India must obtain accreditation from,
 - a. Joint Commission on Accreditation of Healthcare Organizations (JCAHO), UK
 - b. Joint Commission International (J.C.I.), USA

The JCI approved healthcare centres no. to be increased means Hospitals requires to provide good quality infrastructure with all international facilities.

2. Governments must regulate the standard costs for the treatments in metro cities so that there will be consistency in the cost for various treatments in Indian healthcare centres.
3. Govt. policies in favor of medical tourism to boost to health care industry.
4. Lenient, flexible international policies related to health tourist visiting India. For e.g. VISA.
5. The major stakeholders i.e. Travel Agency, Healthcare Centers/ Hospitals & Government has to work together.
6. Health Care Centers must provide information and guidance to the health tourist throughout the procedure about medical visa, travelling & accommodation & food.

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