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Dr M. M. Joshi: The Journey of a Surgeon-Entrepreneur

Ramakant Kulkarni^{1*}, Bharati Badiger^{2*}

^{1*2} Chetan Business School, Hubballi, Karnataka

^{1*}ramakantkv@yahoo.co.in,

^{2*}komalbadiger89@gmail.com,

Abstract.

The case titled as above is research in entrepreneurship done by the authors which traces the entrepreneurial journey of a eye surgeon who came to an unknown place in north Karnataka town and set one person clinic in 1967 and went on to build a multi specialty and multi location eye hospital over a period of next fifty years.

The case covers the journey of the surgeon from the childhood days, medical education, early services at KEM Hospital Bombay, shifting to Hubli and starting one man clinic building a team and expanding the reach, contribution to the profession and setting up the values and ethics in the hospital to work for the cause of eradicating needless blindness in society and handing over the hospital to the next generation for carrying it to the next level protecting the values and ethics. His achievements and awards upto the fourth highest civilian award Padmashri.

The research work was done using the in depth interview method with the founder surgeon and the present management team and staff of the hospital during the period March-22 to Nov-22 with an objective to study the entrepreneurship. The case clearance from the management is obtained to present in conference and other forum for discussion on management subject.

Key words. *Entrepreneurship, Surgeon, Needless Blindness, Eye care, Management team.*

1. Introduction

The first-generation entrepreneur promotes his\her enterprise with aspirations and gives the enterprise an independent identity. Both interact with the external

environment in seeking and harnessing opportunities for growth and sustenance. In the process both the entrepreneur and the enterprise become a mutual source of demand and supply. The entrepreneur

demands that the enterprise earn should earn a monetary surplus and enable him\her to sustain his\her livelihood and invest in the growth of the enterprise or in diversification. The enterprise in turn demands from the entrepreneur that he/she should appoint people who can go to the market and get orders for the products of the enterprise. If the entrepreneur is not able to respond the enterprise fails to market its product and would not be able to generate any surplus. The entrepreneur then suffers. The following paths are possible:

- ❖ The entrepreneur promotes the venture sees success and sells it to the employees or other interested investors
- ❖ The entrepreneur promotes the venture faces a crisis and decides to shut down the enterprise
- ❖ The entrepreneur promotes the venture but withdraws immediately as the enterprise shows signs of not taking off
- ❖ The entrepreneur promotes the venture and the enterprise grows meaningfully. Somewhere in the middle of the journey the stakeholders throw the entrepreneur out and continues the journey independently of the entrepreneur
- The entrepreneur promotes the venture, both entrepreneur and the enterprise succeed and the mutuality is sustained for life.
- The entrepreneur promotes the venture, sustains the journey for sometimes and withdraws, but the values, principles and norms developed by him sustain.

The nature of the mutuality, the roles the entrepreneur and the enterprises play in creating this and the processes that enable them to play these roles have not been studied adequately.

2. Objective of Study

The focus of the case study is on comprehending the roles and processes in sustaining the intertwined journey through a longitudinal journey of Dr M. M. Joshi, the entrepreneur and his hospital, the enterprise, over fifty five years since its inception in 1967.

3. Methodology

In-depth interview with Dr Joshi and the Directors of his institute conducted during March, 2022 to November-2022.

4. Growing Up

Dr Joshi was born in Nimbali village of Bijapur district in Karnataka in 1935 into a vedic family of scholars. His early education was completed in Nimbali and later he did his schooling in Darbar High School Bijapur. He moved to Dharwad for his inter science course in Karnataka College. After completing his Inter science examination in 1955, Dr Joshi joined

Ayurveda Mahavidyalaya, Pune, to pursue an integrated degree in Ayurvedic and Allopathic medicine.

While studying BAMS, Dr Joshi had applied to the Surgeon General of Bombay for admission to the Bachelor of Medicine and Bachelor of Surgery (MBBS) course. Though he got admission, he was reluctant to join the course. His Uncle advised him to take admission in MBBS as he felt that sky would be the limit for growth after the MBBS course. He heeded to his uncle's advice and joined Baroda Medical College, Maharaja Sayajirao University, Baroda in 1955. He completed his MBBS course with the third rank in 1961.

5. Becoming Ophthalmology Doctor

After his MBBS, he joined the Municipal Medical Hospital, Surat, Gujarat State, for housemanship. As a houseman, he got an opportunity to perform a step of an ophthalmic surgery under the supervision of Dr N. T. Maskati, a leading ophthalmological surgeon at that time in Surat Municipal Corporation Hospital. Noticing Dr Joshi's ability to exercise rock steady movements while performing surgery, Dr Maskati advised him to opt for higher education in ophthalmology. Dr Joshi had desired to pursue higher education in general medicine. He heeded to Dr Maskati's advice and joined the Masters of Surgery (MS) in

Ophthalmology course in KEM Hospital, Bombay. The course required him to do his Diploma in Ophthalmic Medicines and Surgery (DOMS) as a preparation. Dr Joshi completed his Diploma in Ophthalmic Medicine and Surgery (DOMS) in 1964 and MS in 1965 with first rank to the Bombay University. He worked closely with Dr B. T. Maskati, younger brother of Dr N. T. Maskati.

6. Venturing into Entrepreneurship

After his MS, Dr Joshi taught ophthalmology in the undergraduate programme at the G. S. Sheth Medical College, Bombay, and worked as a consultant at the KEM hospital. While working at the hospital, he noticed that patients from North Karnataka, especially from Dharwad, Hubli, Bijapur and Belgaum, visited the hospital for treatment. At times, the hospital received patients from Davangere, a far off place towards the south of Karnataka. This indicated the viability of setting up an eye hospital in North Karnataka. He decided to pursue dual career- one of teaching as an honorary faculty at a medical college in North Karnataka and setting up a private practice. He had to choose between Hubli and Belgaum for setting up his practice. Both the locations had medical colleges. Dr G. V. Joshi, who had set up 'City Clinic' with an operation theatre in Hubli,

Dr Neginhal and Dr S.G Nadig, who had set up general dispensaries in Hubli, encouraged him to set up the practice in Hubli. They were his seniors at KEM Hospital. According to them, Hubli was a central place that could attract patients from Bijapur, Bagalkot, Dharwar and Davangere. The area to be covered was vast and hence the opportunities for private practice were richer. In addition, opportunities for teaching in Karnataka Medical College, Hubli, could be explored. They felt that Dr Joshi could easily get the teaching assignment as had qualified from KEM Hospital

Dr Joshi decided to shift to Hubli, pursue his teaching assignment and start his practice. On reaching Hubli in 1965, Dr Joshi met the principal of Karnataka Medical College and explored the possibilities of joining the college as an honorary faculty in the department of ophthalmology. He could not get the post because he was late in approaching the principal and a recommendation had already been sent to the Karnataka Health minister. The principal, however, mentioned that he would keep his bio-data in the file for later reference. In that context, Dr Joshi borrowed INR 40,000 from his aunt and set up a six bed eye clinic named Padma Nayanalaya on January 26, 1967 as a proprietary organisation. Padma was the name of his

mother. The name also stood for 'lotus flower' and 'Nayanalaya' meant temple for the eyes. Mr V R Deshpande, an advocate friend of Dr Joshi, helped him to get a place in Javali Bazar in Hubli to set up his clinic. Mr P. T. Habib, the owner of the place, was the mayor of Hubli and a friend of Deshpande. Dr Joshi's practice commenced on the first floor of an old building. Initially, Dr Joshi waited patiently for the practice to pick up. On the first day itself he got 5 patients. A colleague of Dr Joshi commented, "When he started his practice, he had the best training and he was comparable to the best in the world."

7. Leveraging Credentials

Dr Joshi was the first MS (Ophthalmology) in the area. The other two doctors who had set up eye hospitals in Hubli earlier were diploma holders in Ophthalmology. In the early days of setting up his practice, Dr Joshi used the surgical facilities of Dr G.V. Joshi and instruments of Dr Kanitkar, an eye specialist in Dharwad, in conducting eye surgeries. One of the patients of Dr. G.V. Joshi was keen that the eye surgery be carried out in Dr. G. V. Joshi's operation theatre. The first patient was Ms Bhagavva Odugoudar and the second was Ramachandra Kulkarni. As Dr Joshi's reputation spread, the patients began

consulting him independently. Most of the cases used to be failure cases in other hospitals. Dr Joshi noticed that his practice picked up as he had set up his clinic in an unserved area. Within a year, the number of patients per day increased to 70 and he could conduct 15 surgeries a day. In his interaction with the case writers Dr Joshi mentioned that as a student of KEM and as one having worked in the Hospital in the initial days of his career, he had imbibed the values of hard and long hours of work, commitment to quality and caring for patients. His colleagues began referring their patients to him. In an instance, his Professor B. T. Maskati asked his patient from North Karnataka, Mr Jamadar, why he had gone to Bombay when another Dr Maskati, that is Dr Joshi, was present in Hubli itself.

Initially Dr Joshi worked alone. His day at the hospital began at around 10.00 after his lectures at the Karnataka Medical College, Hubballi, had ended at around 2.00 am in the mid night. His OPD was between 10.00 am and 5.00 pm without a break. He went home at 5.00 pm for lunch. He returned at 7.00 pm to continue the OPDs. The surgeries began at 10.00 pm after the OPD ended.

In 1972, one of his relatives, Tammanna, an aspiring Ayurvedic doctor, joined him as an assistant. He worked with him in the operation theatre. He mentioned that in

those days independent optometrists or patient counselors were not available. Dr Joshi had to attend to all the activities in ophthalmology consulting. In the 70s the state of art in ophthalmology was not as developed as in the decades of 80s and 90s. The equipments for the surgeries were not as sophisticated then as they became later. The operations were highly surgeon driven. Hardly any equipment or automated technology was used in surgeries. Dr Joshi worked with split lamp and loupe tied to his forehead for magnification. The assistants illuminated the portion of the eye for surgery using torch lights.

8. Realizing Breakthroughs

A breakthrough in his early day's practice was a retina detachment correction surgery by using Silicon oil injection. Mr. Shetty of Belgaum was diagnosed with retina detachment and was advised to go to London for the surgery by the doctors who had seen him earlier. Dr Joshi offered to do the operation at his clinic if silicon oil was provided to him. Mr Shetty arranged to get the oil from London through his contacts with pilots in Air India. He conducted five more operations of that kind and shared his experience in a conference of the All India Ophthalmologists Association (AIOA). He also shared the silicon oil with his

colleagues and spread the practice of retina detachment correction surgery using silicon oil injection. Dr Joshi mentioned to the case writers that he had been quite active, since his student days, in presenting papers in conferences.

While Dr Joshi treated a variety of eye ailments, he tended to specialize in retina related problems. His reputation as an expert clinician and surgeon grew. He had many firsts to his credit in North Karnataka. He was the first to do Squint surgery in 1963, micro surgery in 1972 and Intra Ocular Lens Implant (IOL) in 1975. He had developed an attitude to get the latest technology and imbibe the contemporary practices in his treatment. He participated in all India conferences and exhibitions and updated himself with development in his field. He ensured that he was up to date with the latest machines and equipments available by visiting the trade stall. He earmarked anything from 25% to 50% of his income in buying the latest equipments. Dr Tammanna remarked:

He felt restless if any latest equipment if he found it in some other hospital and it was not with him. He always wanted to be the first in North Karnataka to get the latest equipment and technology.

Doing squint and retina surgeries with ease were the unique strengths of Dr Joshi. In

North Karnataka the awareness about retinal surgery was less and therefore the practice on retina was initially slow. People were under the belief that retina related problems and blindness were untreatable. Dr Joshi could change this belief. He developed a growing retina practice in North Karnataka. He was the first one in India to use silicon particles as spacer in managing retina detachments.

9. Responding to Growth Imperatives

Finding Javali Bazar location to be inadequate to respond to the increasing demand for eye care services Dr Joshi, shifted the clinic to a building in traffic island, current Rani Chennmma Circle, in 1970. Mr. J. P Javali, a Member of the Parliament (MP) from the region, had suggested to him that he should build an eye hospital of his own with a capacity to serve at least 100 patients. In 1975 he purchased a plot of land in Hosur area a less developed area at that time, and started construction of his own hospital and completed it in 1978. One of his Advocate friends Venkat Rao Deshpande had recommended the site to him. Initially, the hospital was housed in a two storied building. Dr Joshi added floors to the building to augment the capacity of the hospital. By 2022, the hospital complex was a four storied building with facilities for comprehensive eye care services and

surgeries. Till 2019 his residence was in the complex itself.

10. Expanding the Surgical Team

The rise in the number of patients and the complexity of eye ailments indicated that Dr Joshi should increase the number of consultants working with him. He responded by hiring freshers and experienced consultants as members of his surgical team. Dr Joshi kept the compensation package lucrative and encouraged new recruits to stay. Dr Joshi was successful in retaining the consultants for eight to ten years after joining. In 1985 Dr Guruprasad, his nephew and an MS in Ophthalmology, joined him. Dr Joshi had encouraged him to study medicine though he had taken admission in the Indian Institute of Technology, Madras. Post MBBS he persuaded him to specialize in Ophthalmology. While working for his MS, Dr Joshi encouraged Dr Guruprasad to be his associate. On joining him as a full time consultant, Dr Joshi sent Dr Guruprasad to Sankar Netralaya, Chennai, for advanced training in retinal surgery. Dr Joshi had used his goodwill with Dr Badrinath, the promoter of Sankar Netralaya, to get a seat for Dr Guruprasad for studying Vetro retinopathy. Dr Joshi had interacted with Dr Badrinath in a conference of All India Ophthalmologists

Association held in 1976 and known him quite well.

The next need was to build competencies in micro surgery and cornea reshaping to correct squint.

Dr Joshi got married in 1968 to Pramila Devi, a home science graduate. He had three daughters and a son. The first two daughters were medical graduates practicing general medicine and pathology respectively. The third daughter was a commerce graduate. Dr Joshi thought that it would be appropriate if his daughters could get married to ophthalmologists who could join him as consultants. Using his contacts in post graduate medical schools and medical practitioners he searched for suitable matches. Based on contacts and correspondence with parents, he approached Dr Satya Murthy, who was pursuing Post Graduate Education in Minto Eye Hospital, with a proposal to consider Dr Joshi's first daughter Padma for marriage. Dr Joshi mentioned that he followed the due process in approaching Dr Satya Murthy. Dr Murthy agreed, married and joined Dr Joshi in the cataract surgery department. By that time, Dr Joshi had noted that the technology of eye surgery had changed from large incision and hard lens implant to small incision and soft and foldable lens implant. He desired that Dr Satya Murthy should specialize in micro surgery. By that time Aravind Eye

Hospital in Madurai had developed expertise in micro surgery. He requested his friend Dr Nam Perumal Swamy to allow Dr Satya Murthy to do a fellowship in Aravind Eye Hospital and learn micro surgery. After completion of his training, Dr Satya Murthy took charge of the initiatives for micro surgeries at Padma Nayanalaya in 1994.

Padma suggested that Dr KrishnaPrasad, a student of the medical college from where she graduated, could be considered for an alliance for her sister Samhita. She had come to know that he was pursuing his post graduation in ophthalmology. Through his friends Dr Joshi learnt more about Dr KrishnaPrasad and offered the proposal for marriage with his daughter. Dr Krishna Prasad agreed, married and joined Padma Nayanalaya in 1995. Dr KrishnaPrasad introduced pediatric ophthalmology at the hospital. With the upgradations, Padma Nayanalaya became a one stop solution to all the eye care related issues.

Beside the family team, Dr Joshi hired independent professionals as consulting doctors. As a part of the induction of youngsters into the practice, Dr Joshi maintained a chamber next to them. He saw the patients only after they saw them. He reinforced their diagnosis and established their credibility. The new joiners mentioned to the case writers that

this practice of Dr Joshi helped them to build confidence.

Over the years, Dr Joshi decided to withdraw from active clinical practice and concentrate on managing the hospital. He focused on being a mentor to the new comers and inculcating in them the values of quality, efficiency and the spirit of service to the needy. The prime value he nurtured in them was that **‘Nobody should go back because of want of resources.** Dr Joshi mentioned to the case writers that all the new consultants had adequate patient load and the hospitals earnings multiplied. The number of cases handled increased from 80-90 to 120-140 in the first two years of expanding the team and further to 300 – 400 in the next year.

The other family members to join the team later were his son Dr Srinivas in 2011 for strengthening the retina department and Dr Joshi’s daughter in law Dr Deepti Joshi in 2016 for strengthening the pediatric ophthalmology department. Dr Apoorva Ayachit, daughter of Dr Guru Prasad, also joined the team in 2021 to strengthen the retina department. Dr Joshi provided overall leadership to the team by articulating the values the organisation should stand for and assuring to the team that resources and learning opportunities available to the staff for enhancing their competencies. His articulation of what M. M. Joshi stood as a brand was **‘Quality**

and Service' and he desired that the ethos of the organisation in terms of **'Eye care to all the patients irrespective of caste, creed and economic status'** percolated to all the doctors.

11. Organizing Eye Camps

Conducting eye camps in various locations was an important means of reaching out to the patients who did not have access to eye care services in their region. Dr Joshi began conducting the eye camps since 1971. He decided to conduct the camps with the help of local ophthalmologists as the camps being conducted before him were not on scientific lines. Before Dr Joshi arrived in Hubli, other surgeon used to conduct eye camps in rural areas.

Dr Joshi observed that the operations done at the camps were not scientific. Newer techniques of removing the lens could be used. The wound could be sutured. This prompted Dr Joshi to start his own camp. He organized the first camp in 1971 with the help of doctors at Cooperative Hospital, Hubli. He adopted the suture system where the incision was stitched and then allowed to heal. He tried to be safe and put five sutures. He set up temporary operation theatres in schools, wedding halls and other community gathering places. The places were thoroughly sterilized before opening the theatre for

operations. At times Dr Joshi did 100 surgeries a day in the camps.

Once the credibility of the camps was established, Dr Joshi decided to set up a dedicated organisation for conducting the camps in a systematic manner and offering surgical services to the needy free of cost. After the Government of India banned surgeries in the camps, Dr Joshi directed the patients needing surgery to the base hospital. The camps became screening camps.

In 1979, Dr Joshi promoted an independent trust called Sri Guru Mahipati (SGM) trust and brought all the activities relating to the camps and free surgery under its umbrella. When the government of India banned surgeries in the camps, the camp patients were asked to go the Trust hospital for surgery. The cataract surgery was carried out using the latest Phaco technology and monofocal lens was implanted in them. Those needing advanced surgery were asked to go to the paying hospital with sophisticated equipments, but no charge was levied on them if they had a recommendation from someone whom the hospital could trust. Dr Joshi promoted the concept of vision centre to reach out to the unserved or underserved regions. It was offered under the banner of SGM Trust as a part of the community service in 2010.

12. Setting the Quality Right

Dr Joshi and his team reviewed the features of their hospital and noted that there was a need to set up systems of monitoring and control and following clearly articulated processes. The team decided to get the hospital's systems evaluated by ISO 9000 certification agencies. The hospital received the ISO 9000 certificate for its systems and processes in 1995. Prior to this certification, Dr Joshi and team had opted for accreditation by National Accreditation Board of Hospitals and Health Care services (NABH). The Hospital was successful in obtaining the NABH certification in 1997. It initiated the process of computerization of records and processes in 2000.

By 2000 the clinic got itself accredited as an institution for offering certificate and fellowship programmes. It became a centre for Diploma courses certified by the National Board, B. Sc in Optometry, Diploma in Ophthalmic Technologies course. These courses provided opportunities to spot the promising graduates during the course work and offer positions in various hospitals of the country.

13. New Competition

In 2006 eye hospital chains, Vasan Eye care and Dr Agarwal's Eye Hospital

entered Hubli. Vasan Eye Care was a chain of Southern India based eye hospitals set up by Mr A. M. Arun, a pharmacist. It expanded geographically through standardized offerings, venture capital funding and aggressive advertisements on bill boards and Television Media. It also expanded geographically through standardized offerings, public funding, own expansion, and acquisitions. The new hospitals targeted the paying patients and attracted them with advertisements and promise of consistent and higher quality of service. Their hospitals were air conditioned. To Dr Joshi, the loss of paying patients meant the disruption of the subsidy model of Dr Joshi. His hospital earned money from the paying patients and subsidized the surgery of those who could not afford to pay the fees for the surgery. The arrival of eye hospital chains affected the flow of OPD patients. It did not affect the flow of patients needing surgeries. The patients tended to compare the costs and benefits of surgeries at Dr Joshi's hospital and the new chains. They found Dr Joshi's surgical services to be more cost effective. The OPD flow also returned to its old volume. However, the market got segmented into higher income, middle income and lower income patients in addition to rural and urban sector patients. The Urban higher income segment patients tended to go to the new chains.

Dr Joshi mentioned to the case writers that he was not worried about competition taking away his business. He encouraged new comers to set up their clinic. In fact, the new comers used to consult him on the choice of equipment and services to be provided. His approach to deal with emerging competition was stay ahead by being clinically and technologically superior. Dr Joshi invested in building the competencies of Dr Guruprasad, Satyamurthy and KrishnaPrasad and other consultants and enabled them to remain up to date. He did not say no to any of their requests for investments in equipments or training programmes.

Serving other Locations

Dr Joshi decided to reach out to patients in other geographies by setting up branches of Dr M. M. Joshi Eye Hospital. Initially, Dr Joshi was skeptical in expanding geographically because of his value system of not harming the local ophthalmology doctors. He agreed when he learnt from various patients and family friends that there was an unmet need for quality eye care in various parts of North Karnataka. The residents of the regions requested Dr Joshi to set up eye care facilities in their regions. The first branch of the eye hospital was opened at Dharwad in 2010 with a 25 bed facility. The Bagalkot branch with a 10 bed facility was set up in

2012. The unit at Koppal, also with a 10-bed capacity was started in 2019. Full-fledged services at Koppal started in 2020. The doctors from the Hubli unit visited Bagalkot and Koppal units to provide specialized services. All these branches were located within a radius of 150kms of Hubli. He also set up vision centers in various parts of North Karnataka to conduct camps and checkup walk in patients for eye care related problems.

From Padma Nayanalaya to Dr M. M. Joshi Eye Institute

In 2020, Padma Nayanalaya was converted into a private limited company with a different shareholding. Dr Joshi and Mrs. Pramila Joshi, wife of Dr Joshi, held 52% of the shares while the nephew, the two sons in law and the son each held 12% of the shares. Instead of rushing to change the name of the clinic to an institute, Dr Joshi waited till the All-India Ophthalmologists Society provided the clarification. Dr Joshi was appointed as the Chairman of the company while the other shareholders were appointed as the Directors on the Board. Dr Joshi's wife Pramila Joshi was appointed as a dietician also. While Dr Joshi did not draw salary from the company, other directors did. His income from the company was the dividend he received on his investment.

Contribution to the Profession

Dr Joshi set up the Karnataka Ophthalmological Society and represented the state at the National Ophthalmological Society. Dr Joshi's contribution to the profession was mainly by way of networking and membership to various professional bodies and involvement in proceedings. The younger ophthalmology doctors were given professional advice. As a strong value system, no doctor was let down when the cases were referred due to any surgical complications. Dr Joshi was viewed by his colleagues as highly friendly and sociable. He had the knack of recognizing talent and providing opportunities to them to grow.

He participated in the management committees of All India Ophthalmic Society and represented the common concerns of the practitioners to the government. He represented in 1985 the case for reducing the customs duty on eye hospital related equipments before Mr N D Tiwari, the then union health minister. That was the time when the industry was catching up with the developments in new technologies by importing equipments and modernizing their infrastructure to serve the patients better. He in October, 1980 organized a large-scale conference of ophthalmologists in Hubli and provided opportunities for knowledge and

experience sharing. He also participated in the conferences as a paper presenter.

In 2016, Dr Joshi was conferred the Padma Shri, the fourth highest civilian award, by the President of India in 2016. Prior to that, in 2010 he was conferred the honorary doctorate by the Karnataka University, Dharwad. The All-India Ophthalmological Society conferred the 'Life Time Achievement' award in 2015.

14. Conclusion

The case study of Dr Joshi on his entrepreneurial journey brings out the qualities of an entrepreneur in terms of opportunity spotting, risk taking, getting out of comfort zone, building the HR base for the long term, nurturing the enterprise in the early days and reaping the gains when the enterprise stabilizes, helping the ecosystem development for the benefit of larger community, anticipating and building resilience to withstand the competition, changing before the change was forced, mentoring next generation and withdrawing slowly to ensure that exit did not upset the enterprise.

The two paths among the few enunciated at the beginning seem to have been followed by Dr Joshi.

- ❖ The entrepreneur promotes the venture, both entrepreneur and the enterprise succeed and the mutuality is sustained for life.
- ❖ The entrepreneur promotes the venture, sustains the journey for sometimes and withdraws, but the values, principles and norms developed by him sustain.