



Course Management (2023-24)

Course Branch: _____



Sr No	Course Name	Duration	
1	Diploma in Fashion Technology	3	<input type="checkbox"/>
2	Diploma in Agriculture	3	<input type="checkbox"/>
3	Diploma in Agriculture Engineering	3	<input checked="" type="checkbox"/>
4	Diploma in Automobile Engineering	3	<input type="checkbox"/>
5	Diploma in Chemical	3	<input type="checkbox"/>
6	Diploma in Chemical Technology	3	<input type="checkbox"/>
7	Diploma in Chemistry	3	<input type="checkbox"/>
8	Diploma in Computer Engineering	3	<input type="checkbox"/>
9	Diploma in Computer Science & Engg.	3	<input checked="" type="checkbox"/>
10	Diploma in ELECTRICAL ENGINEERING (INDUSTRIAL CONTROL)	3	<input type="checkbox"/>
11	Diploma in Electronics and Comm. Engg.	3	<input type="checkbox"/>
12	Diploma in Electronics Engineering	3	<input checked="" type="checkbox"/>
13	Diploma in Fashion Technology	3	<input type="checkbox"/>
14	Diploma in Fashion Technology	3	<input type="checkbox"/>
15	Diploma in Food Technology	3	<input type="checkbox"/>
16	Diploma in Food Technology	3	<input type="checkbox"/>
17	Diploma in Food Technology	3	<input type="checkbox"/>
18	Diploma in Food Technology	3	<input type="checkbox"/>

17	Diploma in Glass and Ceramic Engineering	3	<input type="checkbox"/>
18	Diploma in Human Management & Quality System	3	<input type="checkbox"/>
19	Diploma in Marketing Management	3	<input type="checkbox"/>
20	Diploma in Material Management	3	<input type="checkbox"/>
21	Diploma in Mechanical Engineering (Computer Aided Design)	3	<input type="checkbox"/>
22	Diploma in Mechanical Design	3	<input type="checkbox"/>
23	Diploma in Mechanical Engineering (Auto)	3	<input checked="" type="checkbox"/>
24	Diploma in Mechanical Engineering Refrigeration and Air Conditioning	3	<input checked="" type="checkbox"/>
25	Diploma in Paint Technology	3	<input type="checkbox"/>
26	Diploma in Plastics Technology	3	<input type="checkbox"/>
27	Diploma in Printing Technology	3	<input type="checkbox"/>
28	Diploma in Refrigeration and Air Conditioning	3	<input type="checkbox"/>
29	Diploma in Textile Design	3	<input type="checkbox"/>
30	Diploma in Textile Technology	3	<input type="checkbox"/>
31	Diploma in Textile Production	3	<input type="checkbox"/>
32	Diploma Interior Design	3	<input type="checkbox"/>

Save

Course Related Knowledge

No	Course Name	Duration	<input type="checkbox"/>
1	Automotive Design (A-12)	3	<input type="checkbox"/>
2	Automotive	3	<input type="checkbox"/>
3	Automotive Systems	3	<input type="checkbox"/>



Course Management (2023-24)

Course Search



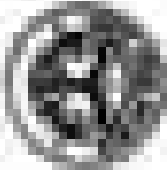
Serial	Course Name	Capacity	
1	Civil Engineering (B.P.T.C)	4	<input type="checkbox"/>
2	Diploma (In Medical Engineering)	4	<input type="checkbox"/>
3	Diploma in apparel design & Fashion Technology	4	<input type="checkbox"/>
4	Diploma in Architecture Engineering	4	<input type="checkbox"/>
5	Diploma in Automobile Engineering	4	<input type="checkbox"/>
6	Engineering in Civil and Environmental Engineering	4	<input type="checkbox"/>
7	Diploma in Civil Engineering	4	<input checked="" type="checkbox"/>
8	Diploma in Civil Engineering with Specialization in Construction Technology	4	<input type="checkbox"/>
9	Diploma in Civil Engineering with Specialization in Public Health Engineering	4	<input type="checkbox"/>
10	Diploma in communication and Computer networking	4	<input type="checkbox"/>
11	Diploma in textile design and garment technology	4	<input type="checkbox"/>
12	Diploma in craft technology	4	<input type="checkbox"/>
13	Diploma in Electrical	4	<input checked="" type="checkbox"/>
14	Diploma in Food Technology	4	<input type="checkbox"/>

15	Diploma in Information Technology	0	<input type="checkbox"/>
16	Diploma in Game Art	1	<input type="checkbox"/>
17	Diploma in Mechanical Engineering (MEd) Specialization in Power Plant Engineering	0	<input type="checkbox"/>
18	Diploma in Mechanical Engineering (MEd) Specialization in Tool Engineering	0	<input type="checkbox"/>
19	Diploma in Mechanical Engineering (MEd) Specialization in Tooling Engineering	0	<input type="checkbox"/>
20	Diploma in Mechanical Engineering (MEd)	0	<input checked="" type="checkbox"/>
21	Diploma in Paper and Pulp Technology	0	<input type="checkbox"/>
22	Diploma in Plastic Mould Technology	0	<input type="checkbox"/>
23	Diploma in Plastic Technology	0	<input type="checkbox"/>
24	Diploma in Renewable Energy	0	<input type="checkbox"/>
25	Diploma in Textile Chemistry	0	<input type="checkbox"/>
26	Diploma Leather Technology (Tanning)	0	<input type="checkbox"/>
27	Diploma Leather Technology Finishes (CFLC)	0	<input type="checkbox"/>
28	Master Engineering (M.Eng)	0	<input type="checkbox"/>
29	Chemical & Electronic Engineering	0	<input type="checkbox"/>
30	Mechanical Engineering (MEd.)	0	<input type="checkbox"/>

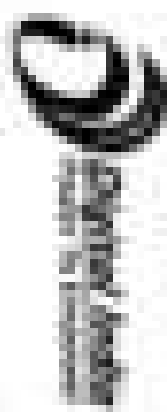
Next

Course Selection Summary

S.No	Course Name	Credits	
1	Academic English (A-2)	4	<input type="checkbox"/>
2	Maths	0	<input type="checkbox"/>



संस्थागत स्वास्थ्य प्रशासनिक प्रमाणिका
आयुर्विद्ये आणि कुटुंब स्वास्थ्य विभागाच्या
अधीनस्थ असलेल्या आरोग्य केंद्रांच्या
आयुर्विद्ये आणि कुटुंब स्वास्थ्य विभागाच्या



आयुर्विद्ये आणि कुटुंब स्वास्थ्य विभाग, महाराष्ट्र

आयुर्विद्ये आणि कुटुंब स्वास्थ्य विभाग, महाराष्ट्र

आयुर्विद्ये आणि कुटुंब स्वास्थ्य विभाग, महाराष्ट्र

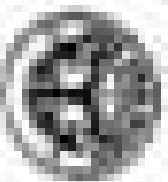
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क्र.सं.	नाम	पदा	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग
1																				
2																				

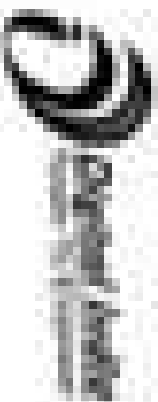
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क्र.सं.	नाम	पदा	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग	वर्ग
1																				
2																				

आयुर्विद्ये आणि कुटुंब स्वास्थ्य विभाग, महाराष्ट्र



11th and 12th AYUSH Health Camps
2023
Application Form for Registration



Ministry of Health, Government of India

Ministry of Health, Government of India

Ministry of Health, Government of India

Personal Details

Sl. No.	Name		Address		City		State		Pin Code		Mobile No.	
Sl. No.	Name		Address		City		State		Pin Code		Mobile No.	

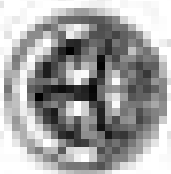
Registration Details

Name: _____
 Address: _____
 City: _____ State: _____ Pin Code: _____
 Mobile No: _____

Professional Details

Sl. No.	Name	Address	City	State	Pin Code	Mobile No.	Registration No.		Date of Issue
Sl. No.	Name	Address	City	State	Pin Code	Mobile No.	Registration No.		Date of Issue

Remarks



Report on your flight activity from 2007 to 2010
and
Summary of the assessment from 2007 to 2010



1. **Organization:** Ontario Health Services

2. **Province:** Ontario

3. **Region:** Central

4. **Report Period:** 2007-2010

5. **Assessment Date:** 2010-01-15

Part One: Self Report

Assessment Area	Assessment Period										Assessment Date	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016		
Assessment Area 1	1	2	3	4	5	6	7	8	9	10	11	12
Assessment Area 2	1	2	3	4	5	6	7	8	9	10	11	12
Assessment Area 3	1	2	3	4	5	6	7	8	9	10	11	12
Assessment Area 4	1	2	3	4	5	6	7	8	9	10	11	12
Assessment Area 5	1	2	3	4	5	6	7	8	9	10	11	12

Assessment of Results

1. **Overall Assessment:** Good

2. **Comments:** Assessment was completed on time and all areas were covered.

Assessment Details

Assessment Area	Assessment Date	Assessment Status	Assessment Results	Assessment Comments
Assessment Area 1	2007-01-15	Completed	1	Assessment completed on time.
Assessment Area 2	2008-01-15	Completed	2	Assessment completed on time.
Assessment Area 3	2009-01-15	Completed	3	Assessment completed on time.
Assessment Area 4	2010-01-15	Completed	4	Assessment completed on time.
Assessment Area 5	2011-01-15	Completed	5	Assessment completed on time.

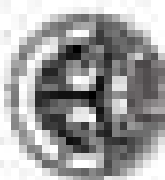
Assessment Summary: Assessment was completed on time and all areas were covered.

Assessment Date: 2010-01-15

Assessment Status: Completed

Assessment Results: 1

Assessment Comments: Assessment was completed on time and all areas were covered.



Project Charter

Project Name: [Blank]

Project Manager: [Blank]

Project Sponsor: [Blank]

Project Start Date: [Blank]

Project End Date: [Blank]

Project Budget: [Blank]

Project Risk: [Blank]

Project Status: [Blank]

Project Description: [Blank]

Project Objectives: [Blank]

Project Deliverables: [Blank]

Project Stakeholders: [Blank]

Project Risks: [Blank]

Project Assumptions: [Blank]

Project Constraints: [Blank]

Project Dependencies: [Blank]

Project Approval: [Blank]



Project Name: [Blank]

Project Manager: [Blank]

Project Sponsor: [Blank]

Project Start Date: [Blank]

Project End Date: [Blank]

Project Budget: [Blank]

Project Risk: [Blank]

Project Status: [Blank]

Project Description: [Blank]

Project Objectives: [Blank]

Project Deliverables: [Blank]

Project Stakeholders: [Blank]

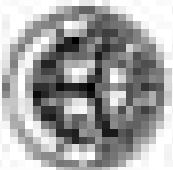
Project Risks: [Blank]

Project Assumptions: [Blank]

Project Constraints: [Blank]

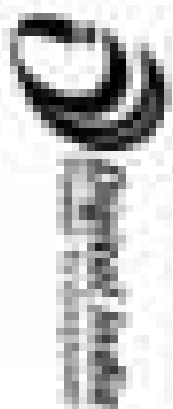
Project Dependencies: [Blank]

Project Approval: [Blank]



ತುಳುಕು ಹಾಕಿದ ಸಂಸ್ಥೆಗಳ ಪಟ್ಟಿ

ಅಧಿಕಾರ ಮತ್ತು ಜವಾಬ್ದಾರಿ ವಿಭಾಗ



ಅಧಿಕಾರ ಮತ್ತು ಜವಾಬ್ದಾರಿ ವಿಭಾಗ

ಜಿಲ್ಲಾ ಮಟ್ಟದ ಸಂಸ್ಥೆಗಳ ಪಟ್ಟಿ

ಜಿಲ್ಲಾ ಮಟ್ಟದ ಸಂಸ್ಥೆಗಳ ಪಟ್ಟಿ

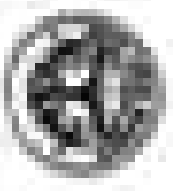
ಜಿಲ್ಲಾ ಮಟ್ಟದ ಸಂಸ್ಥೆಗಳ ಪಟ್ಟಿ

ಸಂಸ್ಥೆ	ಪರಿಷತ್	ವಿಭಾಗ	ಜಿಲ್ಲೆ	ವಿಭಾಗ	ಜಿಲ್ಲೆ	ವಿಭಾಗ	ಜಿಲ್ಲೆ	ವಿಭಾಗ	ಜಿಲ್ಲೆ	ವಿಭಾಗ	ಜಿಲ್ಲೆ	ವಿಭಾಗ	ಜಿಲ್ಲೆ	ವಿಭಾಗ	ಜಿಲ್ಲೆ	ವಿಭಾಗ	ಜಿಲ್ಲೆ	ವಿಭಾಗ	ಜಿಲ್ಲೆ	ವಿಭಾಗ	ಜಿಲ್ಲೆ	

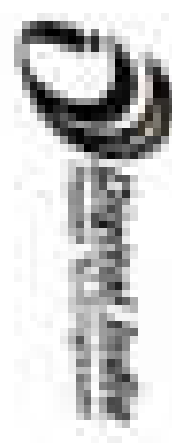
ಜಿಲ್ಲಾ ಮಟ್ಟದ ಸಂಸ್ಥೆಗಳ ಪಟ್ಟಿ

ಜಿಲ್ಲೆ	ವಿಭಾಗ	ಜಿಲ್ಲೆ	ವಿಭಾಗ	ಜಿಲ್ಲೆ	ವಿಭಾಗ	ಜಿಲ್ಲೆ	ವಿಭಾಗ

ಜಿಲ್ಲಾ ಮಟ್ಟದ ಸಂಸ್ಥೆಗಳ ಪಟ್ಟಿ



Department of Education
Division Office - Marikina City
Office of the Division Superintendent



Form No. 100-1 (Rev. 2015) **Annual Report on the Performance of the Schools**

School Name: **Division Office:**

Grade Level	Number of Schools											
	1	2	3	4	5	6	7	8	9	10	11	12
Elementary												
High School												
Technical												
Special												
Other												
Total												

Number of Schools:

Grade Level	Number of Schools	Number of Teachers		Number of Students	
		Elementary	High School	Elementary	High School
Elementary					
High School					
Technical					
Special					
Other					
Total					

Remarks:



Statement of Financial Position

As at 31 December 2014

Statement of Financial Position

Assets

Current assets

Non-current assets

Current liabilities

Non-current liabilities

Equity

Retained earnings

Statement of Financial Position

Assets

Current assets

Non-current assets

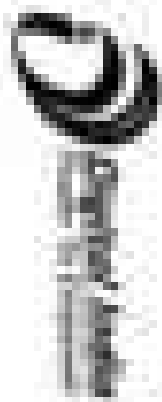
Current liabilities

Non-current liabilities

Equity

Retained earnings

Statement of Financial Position



Statement of Financial Position

As at 31 December 2014

Statement of Financial Position

Assets

Current assets

Non-current assets

Current liabilities

Non-current liabilities

Equity

Retained earnings

Statement of Financial Position

Assets

Current assets

Non-current assets

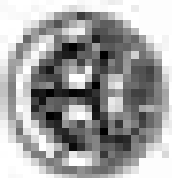
Current liabilities

Non-current liabilities

Equity

Retained earnings

Statement of Financial Position



Statement of your school's current and future

and

intended and proposed development, including the school's

Statement of Intent for Development

Statement of Intent for Development

Statement of Intent for Development

Statement of Intent for Development



Department of Education

Part One: School Details

School Name	Address	Postcode	Telephone	Fax	Email	Current and Proposed Development																		
						Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12							

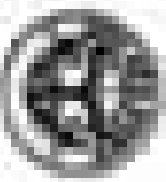
Part Two: School Details

School Name: _____
 Address: _____
 Postcode: _____
 Telephone: _____
 Fax: _____
 Email: _____

School Name	Address	Postcode	Telephone	Fax	Email	Current and Proposed Development																		
						Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12							

Page 1 of 1

Page 1 of 1



UNIVERSITY OF ...
... DEPARTMENT OF ...



... (Course Fee Management)

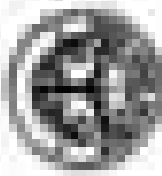
... (Degree) ... (Semester) ... (Institution Name) ... (Institution Address)

Fee List and Status

Sl. No.	Name of the Student	Roll No.	Semester												Total				
			1	2	3	4	5	6	7	8	9	10	11	12					
1
2

... (Form fields for student details and fees)

... (Form fields for administrative use)



Faculty of Education Department of Educational Psychology

Psychology and Educational Psychology Division

Psychology and Educational Psychology Division



Page No.

Section / Class / Section

Section / Class / Section

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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1. Name of the student: _____

2. Date: _____

3. Signature: _____

4. Initials: _____

