



OPERATIONS DIVISION, OFFICE, 3377 14TH

Florida High School and Intermediate Education Tax Board
at the office of the State Board of Education, Tallahassee, Florida

ATTEST: MARY E. STONE

02184771

ISSUED TO: [Name] [Address] [City] [State] [Zip] [Phone]

DATE OF ISSUE: [Date] [Time] [Location]

DATE	AMOUNT	DESCRIPTION	INITIALS
1967	100.00	STATE TAX	[Signature]
1968	100.00	STATE TAX	[Signature]
1969	100.00	STATE TAX	[Signature]
1970	100.00	STATE TAX	[Signature]
1971	100.00	STATE TAX	[Signature]
1972	100.00	STATE TAX	[Signature]
1973	100.00	STATE TAX	[Signature]
1974	100.00	STATE TAX	[Signature]
1975	100.00	STATE TAX	[Signature]
1976	100.00	STATE TAX	[Signature]
1977	100.00	STATE TAX	[Signature]
1978	100.00	STATE TAX	[Signature]
1979	100.00	STATE TAX	[Signature]
1980	100.00	STATE TAX	[Signature]
1981	100.00	STATE TAX	[Signature]
1982	100.00	STATE TAX	[Signature]
1983	100.00	STATE TAX	[Signature]
1984	100.00	STATE TAX	[Signature]
1985	100.00	STATE TAX	[Signature]
1986	100.00	STATE TAX	[Signature]
1987	100.00	STATE TAX	[Signature]
1988	100.00	STATE TAX	[Signature]
1989	100.00	STATE TAX	[Signature]
1990	100.00	STATE TAX	[Signature]
1991	100.00	STATE TAX	[Signature]
1992	100.00	STATE TAX	[Signature]
1993	100.00	STATE TAX	[Signature]
1994	100.00	STATE TAX	[Signature]
1995	100.00	STATE TAX	[Signature]
1996	100.00	STATE TAX	[Signature]
1997	100.00	STATE TAX	[Signature]
1998	100.00	STATE TAX	[Signature]
1999	100.00	STATE TAX	[Signature]
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2001	100.00	STATE TAX	[Signature]
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2009	100.00	STATE TAX	[Signature]
2010	100.00	STATE TAX	[Signature]
2011	100.00	STATE TAX	[Signature]
2012	100.00	STATE TAX	[Signature]
2013	100.00	STATE TAX	[Signature]
2014	100.00	STATE TAX	[Signature]
2015	100.00	STATE TAX	[Signature]
2016	100.00	STATE TAX	[Signature]
2017	100.00	STATE TAX	[Signature]
2018	100.00	STATE TAX	[Signature]
2019	100.00	STATE TAX	[Signature]
2020	100.00	STATE TAX	[Signature]
2021	100.00	STATE TAX	[Signature]
2022	100.00	STATE TAX	[Signature]
2023	100.00	STATE TAX	[Signature]
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2027	100.00	STATE TAX	[Signature]
2028	100.00	STATE TAX	[Signature]
2029	100.00	STATE TAX	[Signature]
2030	100.00	STATE TAX	[Signature]

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

87668477

माध्यमिक शिक्षा परिषद-उत्तर प्रदेश



द्वितीय माध्यमिक - 2002 High School Examination - 2002

विद्यार्थी का नाम : _____
 विद्यार्थी का पता : _____
 विद्यार्थी का जन्मदिन : _____
 विद्यार्थी का लिंग : _____
 विद्यार्थी का वर्ग : _____

विद्यार्थी को परीक्षा के लिए बुलाया जाता है।

यदि आप 2002 के लिए परीक्षा के लिए बुलाए गए हैं तो आपको परीक्षा के लिए तैयार होना चाहिए।

यदि आप परीक्षा के लिए बुलाए गए हैं तो आपको परीक्षा के लिए तैयार होना चाहिए।

यदि आप परीक्षा के लिए बुलाए गए हैं तो आपको परीक्षा के लिए तैयार होना चाहिए।

यदि आप परीक्षा के लिए बुलाए गए हैं तो आपको परीक्षा के लिए तैयार होना चाहिए।

यदि आप परीक्षा के लिए बुलाए गए हैं तो आपको परीक्षा के लिए तैयार होना चाहिए।

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PROFITABLE INVESTMENT

make the most of your money
and get the best possible return

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LETTER FROM THE NATIONAL ASSOCIATION OF STATE AGENCIES FOR THE DEAF AND
 BLIND TO THE NATIONAL ASSOCIATION OF STATE AGENCIES FOR THE DEAF AND
 BLIND

Washington, D. C., 1911



Dear Sirs:

Reference is made to the letter from the National Association of State Agencies for the Deaf and Blind to the National Association of State Agencies for the Deaf and Blind, dated June 15, 1911, and to the letter from the National Association of State Agencies for the Deaf and Blind to the National Association of State Agencies for the Deaf and Blind, dated June 15, 1911.

Name of Agency	Address	City	State	Year of Organization	Number of Members	Amount of Funds	Amount of Contributions	Amount of Expenditures	Remarks
Alabama									
Arkansas									
California									
Colorado									
Connecticut									
Delaware									
Florida									
Georgia									
Idaho									
Illinois									
Indiana									
Iowa									
Kansas									
Kentucky									
Louisiana									
Maine									
Maryland									
Massachusetts									
Michigan									
Minnesota									
Mississippi									
Missouri									
Montana									
Nebraska									
Nevada									
New Hampshire									
New Jersey									
New Mexico									
New York									
North Carolina									
North Dakota									
Ohio									
Oklahoma									
Oregon									
Pennsylvania									
Rhode Island									
South Carolina									
South Dakota									
Tennessee									
Texas									
Vermont									
Virginia									
Washington									
West Virginia									
Wisconsin									
Wyoming									

1914

1913

1912

Year	1914		1913		1912	
	Jan	Dec	Jan	Dec	Jan	Dec
1914	100	100	100	100	100	100
1913	100	100	100	100	100	100
1912	100	100	100	100	100	100
1911	100	100	100	100	100	100
1910	100	100	100	100	100	100
1909	100	100	100	100	100	100
1908	100	100	100	100	100	100
1907	100	100	100	100	100	100
1906	100	100	100	100	100	100
1905	100	100	100	100	100	100
1904	100	100	100	100	100	100
1903	100	100	100	100	100	100
1902	100	100	100	100	100	100
1901	100	100	100	100	100	100
1900	100	100	100	100	100	100

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 FAX: 734-763-1001
 WWW: WWW.LIBRARY.MICHIGAN.EDU





ಕರ್ನಾಟಕ ರಾಜ್ಯ ಸರ್ಕಾರದ ಸಂಸ್ಥೆಗಳು

ಆಯ್ಕೆ ಪ್ರಕ್ರಿಯೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ
 ವಿವರಣೆ ಮತ್ತು ನಿಯಮಗಳು
 (ಆಯ್ಕೆ ಪ್ರಕ್ರಿಯೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ)
 ಆಯ್ಕೆ ಪ್ರಕ್ರಿಯೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ

ಬೆಂಗಳೂರು
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ಆಯ್ಕೆ ಪ್ರಕ್ರಿಯೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ

ಬೆಂಗಳೂರು
 ೨೦೨೨

ಆಯ್ಕೆ ಪ್ರಕ್ರಿಯೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ

ಆಯ್ಕೆ ಪ್ರಕ್ರಿಯೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ

ಆಯ್ಕೆ ಪ್ರಕ್ರಿಯೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ			ಆಯ್ಕೆ ಪ್ರಕ್ರಿಯೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ		
ಕ್ರ. ಸಂ.	ನಾಮ	ಪರಿಶಿಷ್ಟತೆ	ಕ್ರ. ಸಂ.	ನಾಮ	ಪರಿಶಿಷ್ಟತೆ
1	1
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ಕ್ರ. ಸಂ.	ನಾಮ	ಪರಿಶಿಷ್ಟತೆ	ಕ್ರ. ಸಂ.	ನಾಮ	ಪರಿಶಿಷ್ಟತೆ
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गौतम बुद्ध प्राविधिक विश्वविद्यालय



पूर्व उत्तर प्रदेश प्रविधिक विश्वविद्यालय, लखनऊ

संस्थापित १९८४ ई. में

१९८४ ई.

१९८४ ई. में

१९८४ ई.

१९८४ ई. में

१९८४ ई. में

१९८४ ई. में

Gautam Buddha Technical University

(Formerly Uttar Pradesh Technical University, Lucknow)

Under the recommendation of the Academic Council

the University hereby confers the degree of

Doctorate of Philosophy

on

SHUKRAN

for having successfully completed the requirements provided by the University

for the award of the degree in

Field of Research

in the year 2011



UTTAR PRADESH PHARMACY COUNCIL

Flat No. 204, Ashwiniya Complex
(Near, Lucknow-UP INDIA)



Registration No. _____
Date of Registration: _____



This is to certify that under signed

Name: _____
Age: _____
Address: _____

has been duly registered as a Registered Pharmacist

and is entitled to all the privileges granted under the Pharmacy Act 1948 (1948) in various states of our country, subject to the seal of the Uttar Pradesh Pharmacy Council and the signature of the registrar of the said Pharmacy Council.

Signature: _____
Qualification: _____

Registrar

For Issuance of a license of the Pharmacist under the Pharmacy Act 1948, the applicant must submit the following documents to the Registrar:

NOTE

1. The applicant must submit the following documents along with the application to the Registrar:
 - (a) A recent passport size photograph of the applicant.
 - (b) A certificate from the State Board of Pharmacy, Lucknow, regarding the applicant's qualification.
 - (c) A certificate from the State Board of Pharmacy, Lucknow, regarding the applicant's registration.
2. The Registrar may require the applicant to furnish any other documents as may be necessary.
3. The Registrar may refuse to issue a license to the applicant if he is not satisfied with the documents submitted by him.