

SAIBALAJI INTERNATIONAL INSTITUTE OF
MANAGEMENT SCIENCES MB 6783
PROOF OF ONLINE PROPOSAL
**ACADEMIC
YEAR 2026-27**

[illegible][illegible]

The image shows two pages of a handwritten ledger, likely from the 1930s, pinned to a green surface. The top page is a summary or index page, and the bottom page is a detailed ledger page.

Top Page (Summary/Index):

- Page:** 1 of 2
- Period:** 1930-1931
- Summary:**
 - Total Income: \$1,000.00
 - Total Expenses: \$800.00
 - Total Balance: \$200.00

Bottom Page (Detailed Ledger):

Page: 2 of 2

Period: 1930-1931

Date	Description	Income	Expense	Balance
1/1/30	Jan 1 Balance			\$100.00
1/15/30	Jan 15 Income	\$100.00		\$200.00
1/30/30	Jan 30 Expense		\$50.00	\$150.00
2/1/30	Feb 1 Balance			\$150.00
2/15/30	Feb 15 Income	\$100.00		\$250.00
2/30/30	Feb 30 Expense		\$100.00	\$150.00
3/1/30	Mar 1 Balance			\$150.00
3/15/30	Mar 15 Income	\$100.00		\$250.00
3/30/30	Mar 30 Expense		\$100.00	\$150.00
4/1/30	Apr 1 Balance			\$150.00
4/15/30	Apr 15 Income	\$100.00		\$250.00
4/30/30	Apr 30 Expense		\$100.00	\$150.00
5/1/30	May 1 Balance			\$150.00
5/15/30	May 15 Income	\$100.00		\$250.00
5/30/30	May 30 Expense		\$100.00	\$150.00
6/1/30	Jun 1 Balance			\$150.00
6/15/30	Jun 15 Income	\$100.00		\$250.00
6/30/30	Jun 30 Expense		\$100.00	\$150.00
7/1/30	Jul 1 Balance			\$150.00
7/15/30	Jul 15 Income	\$100.00		\$250.00
7/30/30	Jul 30 Expense		\$100.00	\$150.00
8/1/30	Aug 1 Balance			\$150.00
8/15/30	Aug 15 Income	\$100.00		\$250.00
8/30/30	Aug 30 Expense		\$100.00	\$150.00
9/1/30	Sep 1 Balance			\$150.00
9/15/30	Sep 15 Income	\$100.00		\$250.00
9/30/30	Sep 30 Expense		\$100.00	\$150.00
10/1/30	Oct 1 Balance			\$150.00
10/15/30	Oct 15 Income	\$100.00		\$250.00
10/30/30	Oct 30 Expense		\$100.00	\$150.00
11/1/30	Nov 1 Balance			\$150.00
11/15/30	Nov 15 Income	\$100.00		\$250.00
11/30/30	Nov 30 Expense		\$100.00	\$150.00
12/1/30	Dec 1 Balance			\$150.00
12/15/30	Dec 15 Income	\$100.00		\$250.00
12/30/30	Dec 30 Expense		\$100.00	\$150.00
1/1/31	Jan 1 Balance			\$150.00
1/15/31	Jan 15 Income	\$100.00		\$250.00
1/30/31	Jan 30 Expense		\$100.00	\$150.00
2/1/31	Feb 1 Balance			\$150.00
2/15/31	Feb 15 Income	\$100.00		\$250.00
2/30/31	Feb 30 Expense		\$100.00	\$150.00
3/1/31	Mar 1 Balance			\$150.00
3/15/31	Mar 15 Income	\$100.00		\$250.00
3/30/31	Mar 30 Expense		\$100.00	\$150.00
4/1/31	Apr 1 Balance			\$150.00
4/15/31	Apr 15 Income	\$100.00		\$250.00
4/30/31	Apr 30 Expense		\$100.00	\$150.00
5/1/31	May 1 Balance			\$150.00
5/15/31	May 15 Income	\$100.00		\$250.00
5/30/31	May 30 Expense		\$100.00	\$150.00
6/1/31	Jun 1 Balance			\$150.00
6/15/31	Jun 15 Income	\$100.00		\$250.00
6/30/31	Jun 30 Expense		\$100.00	\$150.00
7/1/31	Jul 1 Balance			\$150.00
7/15/31	Jul 15 Income	\$100.00		\$250.00
7/30/31	Jul 30 Expense		\$100.00	\$150.00
8/1/31	Aug 1 Balance			\$150.00
8/15/31	Aug 15 Income	\$100.00		\$250.00
8/30/31	Aug 30 Expense		\$100.00	\$150.00
9/1/31	Sep 1 Balance			\$150.00
9/15/31	Sep 15 Income	\$100.00		\$250.00
9/30/31	Sep 30 Expense		\$100.00	\$150.00
10/1/31	Oct 1 Balance			\$150.00
10/15/31	Oct 15 Income	\$100.00		\$250.00
10/30/31	Oct 30 Expense		\$100.00	

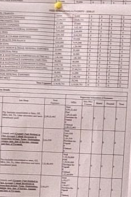
A blank white page with a circular purple stamp at the bottom center. The stamp contains some illegible text and a central emblem. At the very bottom left, there is small, faint text that reads "Downloaded from www.worldscientific.com by UNIVERSITY OF NEWCASTLE on 09/08/16. For personal use only."[illegible][illegible][illegible][illegible]

This image shows a blank, lined page from a notebook. The page features horizontal ruling lines and a vertical margin line on the left side. The paper has a slightly aged, yellowish tint. A small yellow object, possibly a paperclip or a piece of tape, is visible near the top center edge of the page.

Summary of Expenditures with Income (Part 1) for the 1999-2000 Year									
No.	Name of the Student	Expenditure Type	Amount	Source	Percentage	Source	Percentage	Source	Percentage
1	Student	For each expenditure item, enter the amount in dollars and cents.							
2	Parent								
3	Other								

Detailed Information: Name of student, Roll Number, Registered for Category and Academic Year and Program Name, Branch (if any)									
Sl. No.	Name	Roll No.	Category	Academic Year	Program Name	Branch (if any)	Enrollment Status	Enrollment Date	Enrollment Fee
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	...	...	...	...	...	...	...	...	...
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46	...	...	...	...	...	...	...	...	...
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50	...	...	...	...	...	...	...	...	...
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54	...	...	...	...	...	...	...	...	...
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57	...	...	...	...	...	...	...	...	...
58	...	...	...	...	...	...	...	...	...
59	...	...	...	...	...	...	...	...	...
60	...	...	...	...	...	...	...	...	...
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67	...	...	...	...	...	...	...	...	...
68	...	...	...	...	...	...	...	...	...
69	...	...	...	...	...	...	...	...	...
70	...	...	...						

FORM NO. 10-1-60
 UNITED STATES CUSTOMS SERVICE
 Application for admission of goods for temporary importation (Form 10-1)
 (To be filled out by importer)
 Proposed to be imported from: (City, State, Country)
 Importer:
 Address:
 Importer's Signature (Please Print Name and Address)
 Date:
 Sent to:
 Office of the U.S. Customs Service (Date and City)
 Signature of Customs Officer
 Date:
 U.S. CUSTOMS SERVICE

[illegible]

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

[illegible][illegible][illegible][illegible]A photograph of a large, multi-page document, likely a ledger or record book. The document is open to a page with a grid of columns and rows, designed for data entry. A red binder clip is attached to the top edge. The columns are labeled with various headers, including 'Date', 'Time', 'Location', 'Weather', 'Wind', 'Sea', 'Visibility', 'Temperature', 'Humidity', 'Pressure', 'Clouds', 'Remarks', and 'Signature'. The rows are numbered sequentially. The document appears to be a log or a record book, possibly for a ship or a specific project. The paper is aged and slightly yellowed. The red binder clip is positioned at the top center, holding the pages together. The grid lines are clearly visible, and the text is printed in a standard, legible font. The overall appearance is that of a well-organized and detailed record-keeping system.A close-up photograph of a page from a ledger or account book. The page is filled with dense, handwritten entries in a cursive script, organized into multiple columns. A yellow pushpin is visible at the top center, holding the page in place. The paper appears aged and slightly discolored.A photograph of a large, multi-page document, likely a ledger or account book, held open by a yellow binder clip. The document features numerous columns and rows of text, with some sections containing numerical data. The pages are aged and slightly discolored.[illegible]

The image shows a white, multi-sectioned form, possibly a medical or administrative document, resting on a green, textured surface. The form has several sections with headings and lines for text entry. The top section is partially filled with handwritten text. The form is slightly crumpled and has a yellow paperclip attached to the top edge.

Section 1: Patient Information

NAME: [Handwritten Name]
 ADDRESS: [Handwritten Address]
 CITY: [Handwritten City]
 STATE: [Handwritten State]
 ZIP: [Handwritten ZIP]

Section 2: Medical History

DATE OF BIRTH: [Handwritten Date]
 SEX: [Handwritten Sex]
 RACE: [Handwritten Race]
 ETHNICITY: [Handwritten Ethnicity]
 OCCUPATION: [Handwritten Occupation]

Section 3: Insurance Information

INSURANCE TYPE: [Handwritten Insurance Type]
 POLICY NUMBER: [Handwritten Policy Number]
 GROUP NUMBER: [Handwritten Group Number]

Section 4: Physician Information

PHYSICIAN NAME: [Handwritten Physician Name]
 PHYSICIAN ADDRESS: [Handwritten Physician Address]
 PHYSICIAN CITY: [Handwritten Physician City]
 PHYSICIAN STATE: [Handwritten Physician State]
 PHYSICIAN ZIP: [Handwritten Physician ZIP]

Section 5: Other Information

DATE OF VISIT: [Handwritten Date]
 TIME OF VISIT: [Handwritten Time]
 REASON FOR VISIT: [Handwritten Reason for Visit]

Section 6: Signature and Date

PHYSICIAN SIGNATURE: [Handwritten Signature]
 DATE: [Handwritten Date]



