



2020-09-26 - 14:39.22
14:39.23

Print this page

Noto Sans Georgian Thin
Noto Sans Georgian ExtraLight
Noto Sans Georgian Light
Noto Sans Georgian Regular
Noto Sans Georgian Medium
Noto Sans Georgian SemiBold
Noto Sans Georgian Bold
Noto Sans Georgian ExtraBold
Noto Sans Georgian Black

uni0000									
uni000D									
SPACE uni0020									
HYPHEN-MINUS uni002D	-	-	-	-	-	-	-	-	-
NO-BREAK SPACE uni00A0									
COMBINING ACUTE ACCENT uni0301									
COMBINING CIRCUMFLEX ACCENT uni0302									
COMBINING MACRON uni0304									
COMBINING DIAERESIS uni0308									
ARMENIAN FULL STOP uni0589	:	:	:	:	:	:	:	:	:
GEORGIAN CAPITAL LETTER AN uni10A0	Ⴀ	Ⴁ	Ⴂ	Ⴃ	Ⴄ	Ⴅ	Ⴆ	Ⴇ	Ⴈ
GEORGIAN CAPITAL LETTER BAN uni10A1	Ⴊ	Ⴋ	Ⴌ	Ⴍ	Ⴎ	Ⴏ	Ⴐ	Ⴑ	Ⴒ
GEORGIAN CAPITAL LETTER GAN uni10A2	Ⴔ	Ⴕ	Ⴖ	Ⴗ	Ⴘ	Ⴙ	Ⴚ	Ⴛ	Ⴜ
GEORGIAN CAPITAL LETTER DON uni10A3	Ⴞ	Ⴟ	Ⴀ	Ⴁ	Ⴂ	Ⴃ	Ⴄ	Ⴅ	Ⴆ
GEORGIAN CAPITAL LETTER EN uni10A4	Ⴈ	Ⴉ	Ⴊ	Ⴋ	Ⴌ	Ⴍ	Ⴎ	Ⴏ	Ⴐ
GEORGIAN CAPITAL LETTER VIN uni10A5	Ⴒ	Ⴓ	Ⴔ	Ⴕ	Ⴖ	Ⴗ	Ⴘ	Ⴙ	Ⴚ

GEORGIAN CAPITAL LETTER ZEN
uni10A6

Ⴕ Ⴖ Ⴗ Ⴘ Ⴙ Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ

GEORGIAN CAPITAL LETTER TAN
uni10A7

Ⴔ Ⴕ Ⴖ Ⴗ Ⴘ Ⴙ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER IN
uni10A8

Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ

GEORGIAN CAPITAL LETTER KAN
uni10A9

Ⴖ Ⴗ Ⴘ Ⴙ Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ

GEORGIAN CAPITAL LETTER LAS
uni10AA

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER MAN
uni10AB

Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ

GEORGIAN CAPITAL LETTER NAR
uni10AC

Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ

GEORGIAN CAPITAL LETTER ON
uni10AD

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER PAR
uni10AE

Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ

GEORGIAN CAPITAL LETTER ZHAR
uni10AF

Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ

GEORGIAN CAPITAL LETTER RAE
uni10B0

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER SAN
uni10B1

Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ

GEORGIAN CAPITAL LETTER TAR
uni10B2

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER UN
uni10B3

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER PHAR
uni10B4

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER KHAR
uni10B5

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER GHAN
uni10B6

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER QAR
uni10B7

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER SHIN
uni10B8

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER CHIN
uni10B9

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER CAN
uni10BA

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER JIL
uni10BB

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER CIL
uni10BC

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER CHAR
uni10BD

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER XAN
uni10BE

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER JHAN
uni10BF

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER HAE
uni10C0

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER HE
uni10C1

Ⴚ Ⴛ Ⴜ Ⴝ Ⴞ Ⴟ Ⴚ Ⴛ Ⴜ Ⴝ

GEORGIAN CAPITAL LETTER HIE
uni10C2

Ⴒ Ⴓ Ⴔ Ⴕ Ⴖ Ⴗ Ⴘ Ⴙ Ⴚ Ⴛ

GEORGIAN CAPITAL LETTER WE
uni10C3

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN CAPITAL LETTER HAR
uni10C4

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN CAPITAL LETTER HOE
uni10C5

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN CAPITAL LETTER YN
uni10C7

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN CAPITAL LETTER AEN
uni10CD

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER AN
uni10D0

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER BAN
uni10D1

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER GAN
uni10D2

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER DON
uni10D3

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER EN
uni10D4

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER VIN
uni10D5

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER ZEN
uni10D6

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER TAN
uni10D7

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER IN
uni10D8

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER KAN
uni10D9

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER LAS
uni10DA

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER MAN
uni10DB

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER NAR
uni10DC

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER ON
uni10DD

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER PAR
uni10DE

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER ZHAR
uni10DF

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER RAE
uni10E0

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER SAN
uni10E1

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER TAR
uni10E2

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

GEORGIAN LETTER UN
uni10E3

Ⴜ Ⴝ Ⴞ Ⴟ Ⴠ Ⴡ Ⴢ Ⴣ Ⴤ Ⴥ

	გ	ვ	ჲ	ო	პ	ჟ	რ	ს	ტ	ც
GEORGIAN LETTER PHAR uni10E4										
GEORGIAN LETTER KHAR uni10E5	ქ	კ	ღ	ძ	წ	ჭ	ხ	ჯ	ბ	გ
GEORGIAN LETTER GHAN uni10E6	ყ	შ	ჩ	ც	ძ	წ	ჭ	ხ	ჯ	ბ
GEORGIAN LETTER QAR uni10E7	ფ	ჟ	რ	ს	ტ	ც	ც	ც	ც	ც
GEORGIAN LETTER SHIN uni10E8	შ	ჩ	ც	ძ	წ	ჭ	ხ	ჯ	ბ	გ
GEORGIAN LETTER CHIN uni10E9	ჩ	ც	ძ	წ	ჭ	ხ	ჯ	ბ	გ	გ
GEORGIAN LETTER CAN uni10EA	ც	ც	ც	ც	ც	ც	ც	ც	ც	ც
GEORGIAN LETTER JIL uni10EB	ძ	ძ	ძ	ძ	ძ	ძ	ძ	ძ	ძ	ძ
GEORGIAN LETTER CIL uni10EC	წ	წ	წ	წ	წ	წ	წ	წ	წ	წ
GEORGIAN LETTER CHAR uni10ED	ჭ	ჭ	ჭ	ჭ	ჭ	ჭ	ჭ	ჭ	ჭ	ჭ
GEORGIAN LETTER XAN uni10EE	ხ	ხ	ხ	ხ	ხ	ხ	ხ	ხ	ხ	ხ
GEORGIAN LETTER JHAN uni10EF	ჯ	ჯ	ჯ	ჯ	ჯ	ჯ	ჯ	ჯ	ჯ	ჯ
GEORGIAN LETTER HAE uni10F0	ბ	ბ	ბ	ბ	ბ	ბ	ბ	ბ	ბ	ბ
GEORGIAN LETTER HE uni10F1	გ	გ	გ	გ	გ	გ	გ	გ	გ	გ
GEORGIAN LETTER HIE uni10F2	დ	დ	დ	დ	დ	დ	დ	დ	დ	დ
GEORGIAN LETTER WE uni10F3	ე	ე	ე	ე	ე	ე	ე	ე	ე	ე
GEORGIAN LETTER HAR uni10F4	ვ	ვ	ვ	ვ	ვ	ვ	ვ	ვ	ვ	ვ
GEORGIAN LETTER HOE uni10F5	ზ	ზ	ზ	ზ	ზ	ზ	ზ	ზ	ზ	ზ
GEORGIAN LETTER FI uni10F6	თ	თ	თ	თ	თ	თ	თ	თ	თ	თ
GEORGIAN LETTER YN uni10F7	ი	ი	ი	ი	ი	ი	ი	ი	ი	ი
GEORGIAN LETTER ELIFI uni10F8	უ	უ	უ	უ	უ	უ	უ	უ	უ	უ
GEORGIAN LETTER TURNED GAN uni10F9	ყ	ყ	ყ	ყ	ყ	ყ	ყ	ყ	ყ	ყ
GEORGIAN LETTER AIN uni10FA	ჩ	ც	ც	ც	ც	ც	ც	ც	ც	ც
GEORGIAN PARAGRAPH SEPARATOR uni10FB	ⴁ	ⴂ	ⴃ	ⴄ	ⴅ	ⴆ	ⴇ	ⴈ	ⴉ	ⴊ
MODIFIER LETTER GEORGIAN NAR uni10FC	Რ	Ს	Ტ	Უ	Ფ	Ქ	Ღ	Ყ	Შ	Ჩ
GEORGIAN LETTER AEN uni10FD		Ⴏ	Ⴐ	Ⴑ	Ⴒ	Ⴓ	Ⴔ	Ⴕ	Ⴖ	Ⴗ
GEORGIAN LETTER HARD SIGN uni10FE		Ⴘ	Ⴙ	Ⴚ	Ⴛ	Ⴜ	Ⴝ	Ⴞ	Ⴟ	Ⴟ
GEORGIAN LETTER LABIAL SIGN uni10FF		Ლ	Მ	Ნ	Ო	Პ	Ჟ	Რ	Ს	Ტ

HYPHEN uni2010	-	-	-	-	-	-	-	-	-
LARI SIGN uni20BE		Ⴀ	Ⴁ	Ⴂ	Ⴃ	Ⴄ	Ⴅ	Ⴆ	Ⴇ
GEORGIAN SMALL LETTER AN uni2D00	Ⴀ	Ⴁ	Ⴂ	Ⴃ	Ⴄ	Ⴅ	Ⴆ	Ⴇ	Ⴈ
GEORGIAN SMALL LETTER BAN uni2D01	Ⴉ	Ⴊ	Ⴋ	Ⴌ	Ⴍ	Ⴎ	Ⴏ	Ⴐ	Ⴑ
GEORGIAN SMALL LETTER GAN uni2D02	Ⴒ	Ⴓ	Ⴔ	Ⴕ	Ⴖ	Ⴗ	Ⴘ	Ⴙ	Ⴚ
GEORGIAN SMALL LETTER DON uni2D03	Ⴛ	Ⴜ	Ⴝ	Ⴞ	Ⴟ	Ⴀ	Ⴁ	Ⴂ	Ⴃ
GEORGIAN SMALL LETTER EN uni2D04	Ⴄ	Ⴅ	Ⴆ	Ⴇ	Ⴈ	Ⴉ	Ⴊ	Ⴋ	Ⴌ
GEORGIAN SMALL LETTER VIN uni2D05	Ⴍ	Ⴎ	Ⴏ	Ⴐ	Ⴑ	Ⴒ	Ⴓ	Ⴔ	Ⴕ
GEORGIAN SMALL LETTER ZEN uni2D06	Ⴖ	Ⴗ	Ⴘ	Ⴙ	Ⴚ	Ⴛ	Ⴜ	Ⴝ	Ⴞ
GEORGIAN SMALL LETTER TAN uni2D07	Ⴟ	Ⴀ	Ⴁ	Ⴂ	Ⴃ	Ⴄ	Ⴅ	Ⴆ	Ⴇ
GEORGIAN SMALL LETTER IN uni2D08	Ⴈ	Ⴉ	Ⴊ	Ⴋ	Ⴌ	Ⴍ	Ⴎ	Ⴏ	Ⴐ
GEORGIAN SMALL LETTER KAN uni2D09	Ⴑ	Ⴒ	Ⴓ	Ⴔ	Ⴕ	Ⴖ	Ⴗ	Ⴘ	Ⴙ
GEORGIAN SMALL LETTER LAS uni2D0A	Ⴚ	Ⴛ	Ⴜ	Ⴝ	Ⴞ	Ⴟ	Ⴀ	Ⴁ	Ⴂ
GEORGIAN SMALL LETTER MAN uni2D0B	Ⴃ	Ⴄ	Ⴅ	Ⴆ	Ⴇ	Ⴈ	Ⴉ	Ⴊ	Ⴋ
GEORGIAN SMALL LETTER NAR uni2D0C	Ⴌ	Ⴍ	Ⴎ	Ⴏ	Ⴐ	Ⴑ	Ⴒ	Ⴓ	Ⴔ
GEORGIAN SMALL LETTER ON uni2D0D	Ⴕ	Ⴖ	Ⴗ	Ⴘ	Ⴙ	Ⴚ	Ⴛ	Ⴜ	Ⴝ
GEORGIAN SMALL LETTER PAR uni2D0E	Ⴞ	Ⴟ	Ⴀ	Ⴁ	Ⴂ	Ⴃ	Ⴄ	Ⴅ	Ⴆ
GEORGIAN SMALL LETTER ZHAR uni2D0F	Ⴇ	Ⴈ	Ⴉ	Ⴊ	Ⴋ	Ⴌ	Ⴍ	Ⴎ	Ⴏ
GEORGIAN SMALL LETTER RAE uni2D10	Ⴐ	Ⴑ	Ⴒ	Ⴓ	Ⴔ	Ⴕ	Ⴖ	Ⴗ	Ⴘ
GEORGIAN SMALL LETTER SAN uni2D11	Ⴙ	Ⴚ	Ⴛ	Ⴜ	Ⴝ	Ⴞ	Ⴟ	Ⴀ	Ⴁ
GEORGIAN SMALL LETTER TAR uni2D12	Ⴂ	Ⴃ	Ⴄ	Ⴅ	Ⴆ	Ⴇ	Ⴈ	Ⴉ	Ⴊ
GEORGIAN SMALL LETTER UN uni2D13	Ⴋ	Ⴌ	Ⴍ	Ⴎ	Ⴏ	Ⴐ	Ⴑ	Ⴒ	Ⴓ
GEORGIAN SMALL LETTER PHAR uni2D14	Ⴔ	Ⴕ	Ⴖ	Ⴗ	Ⴘ	Ⴙ	Ⴚ	Ⴛ	Ⴜ
GEORGIAN SMALL LETTER KHAR uni2D15	Ⴝ	Ⴞ	Ⴟ	Ⴀ	Ⴁ	Ⴂ	Ⴃ	Ⴄ	Ⴅ
GEORGIAN SMALL LETTER GHAN uni2D16	Ⴆ	Ⴇ	Ⴈ	Ⴉ	Ⴊ	Ⴋ	Ⴌ	Ⴍ	Ⴎ
GEORGIAN SMALL LETTER QAR uni2D17	Ⴏ	Ⴐ	Ⴑ	Ⴒ	Ⴓ	Ⴔ	Ⴕ	Ⴖ	Ⴗ
GEORGIAN SMALL LETTER SHIN uni2D18	Ⴘ	Ⴙ	Ⴚ	Ⴛ	Ⴜ	Ⴝ	Ⴞ	Ⴟ	Ⴀ
GEORGIAN SMALL LETTER CHIN uni2D19	Ⴁ	Ⴂ	Ⴃ	Ⴄ	Ⴅ	Ⴆ	Ⴇ	Ⴈ	Ⴉ

GEORGIAN SMALL LETTER CAN uni2D1A	ა	ა	ა	ა	ა	ა	ა	ა	ა	ა
GEORGIAN SMALL LETTER JIL uni2D1B	ბ	ბ	ბ	ბ	ბ	ბ	ბ	ბ	ბ	ბ
GEORGIAN SMALL LETTER CIL uni2D1C	გ	გ	გ	გ	გ	გ	გ	გ	გ	გ
GEORGIAN SMALL LETTER CHAR uni2D1D	დ	დ	დ	დ	დ	დ	დ	დ	დ	დ
GEORGIAN SMALL LETTER XAN uni2D1E	ე	ე	ე	ე	ე	ე	ე	ე	ე	ე
GEORGIAN SMALL LETTER JHAN uni2D1F	ვ	ვ	ვ	ვ	ვ	ვ	ვ	ვ	ვ	ვ
GEORGIAN SMALL LETTER HAE uni2D20	ზ	ზ	ზ	ზ	ზ	ზ	ზ	ზ	ზ	ზ
GEORGIAN SMALL LETTER HE uni2D21	თ	თ	თ	თ	თ	თ	თ	თ	თ	თ
GEORGIAN SMALL LETTER HIE uni2D22	ი	ი	ი	ი	ი	ი	ი	ი	ი	ი
GEORGIAN SMALL LETTER WE uni2D23	კ	კ	კ	კ	კ	კ	კ	კ	კ	კ
GEORGIAN SMALL LETTER HAR uni2D24	ქ	ქ	ქ	ქ	ქ	ქ	ქ	ქ	ქ	ქ
GEORGIAN SMALL LETTER HOE uni2D25	ღ	ღ	ღ	ღ	ღ	ღ	ღ	ღ	ღ	ღ
GEORGIAN SMALL LETTER YN uni2D27		წ	წ	წ	წ	წ	წ	წ	წ	წ
GEORGIAN SMALL LETTER AEN uni2D2D		ჭ	ჭ	ჭ	ჭ	ჭ	ჭ	ჭ	ჭ	ჭ

[illegible]

liga feature

un-georgian_dieresiscomb
liga feature

ჲ	ჳ	ჴ	ჵ	ჶ	ჷ	ჸ	ჹ	ჺ	჻
---	---	---	---	---	---	---	---	---	---

un-georgian_acutecomb
liga feature

ჲ́	ჳ́	ჴ́	ჵ́	ჶ́	ჷ́	ჸ́	ჹ́	ჺ́	჻́
----	----	----	----	----	----	----	----	----	----

un-georgian_circumflexcomb
liga feature

ჲ̂	ჳ̂	ჴ̂	ჵ̂	ჶ̂	ჷ̂	ჸ̂	ჹ̂	ჺ̂	჻̂
----	----	----	----	----	----	----	----	----	----

un-georgian_macroncomb
liga feature

ჲ̄	ჳ̄	ჴ̄	ჵ̄	ჶ̄	ჷ̄	ჸ̄	ჹ̄	ჺ̄	჻̄
----	----	----	----	----	----	----	----	----	----

un-georgian_macroncomb_dieresiscomb
liga feature

ჲ̄̈	ჳ̄̈	ჴ̄̈	ჵ̄̈	ჶ̄̈	ჷ̄̈	ჸ̄̈	ჹ̄̈	ჺ̄̈	჻̄̈
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

yn-georgian_acutecomb
liga feature

ჲ́̈	ჳ́̈	ჴ́̈	ჵ́̈	ჶ́̈	ჷ́̈	ჸ́̈	ჹ́̈	ჺ́̈	჻́̈
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

yn-georgian_macroncomb
liga feature

ჲ̄̈	ჳ̄̈	ჴ̄̈	ჵ̄̈	ჶ̄̈	ჷ̄̈	ჸ̄̈	ჹ̄̈	ჺ̄̈	჻̄̈
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase to 6.5 million by 2020, and the number of people aged 75 and over to 4.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the health and social care needs of older people. The Department of Health (2000) has published a strategy for older people, which sets out the government's commitment to improve the health and social care of older people. The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society.

The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society. The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society.

The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society. The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society.

The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society. The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society.

The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society. The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society.

The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society. The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society.

The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society. The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society.

The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society. The strategy is based on three main principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently and actively; and (3) to ensure that older people are able to participate in society.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1995). The public sector has also become an important employer of women, with 4.5 million women employed in the public sector in 1995, compared with 3.5 million in 1980. The public sector has also become an important employer of young people, with 1.5 million young people employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people with disabilities, with 1.5 million people with disabilities employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people from ethnic minorities, with 1.5 million people from ethnic minorities employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people who are over 50 years of age, with 1.5 million people over 50 years of age employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people who are under 25 years of age, with 1.5 million people under 25 years of age employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people who are single, with 1.5 million single people employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people who are married, with 1.5 million married people employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people who are divorced, with 1.5 million divorced people employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people who are widowed, with 1.5 million widowed people employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people who are cohabiting, with 1.5 million cohabiting people employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people who are living alone, with 1.5 million people living alone employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people who are in a civil partnership, with 1.5 million people in a civil partnership employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people who are in a common-law partnership, with 1.5 million people in a common-law partnership employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people who are in a registered partnership, with 1.5 million people in a registered partnership employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people who are in a civil partnership, with 1.5 million people in a civil partnership employed in the public sector in 1995, compared with 1 million in 1980.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1995). The public sector has also become an important employer of women, with 4.5 million women employed in the public sector in 1995, compared with 3.5 million in 1980. The public sector has also become an important employer of young people, with 1.5 million young people employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people with disabilities, with 1.5 million people with disabilities employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people from ethnic minorities, with 1.5 million people from ethnic minorities employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people who are over 50 years of age, with 1.5 million people over 50 years of age employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people who are under 25 years of age, with 1.5 million people under 25 years of age employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people who are single, with 1.5 million single people employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people who are married, with 1.5 million married people employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people who are divorced, with 1.5 million divorced people employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people who are widowed, with 1.5 million widowed people employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people who are cohabiting, with 1.5 million cohabiting people employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people who are living alone, with 1.5 million people living alone employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people who are in a civil partnership, with 1.5 million people in a civil partnership employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people who are in a common-law partnership, with 1.5 million people in a common-law partnership employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people who are in a registered partnership, with 1.5 million people in a registered partnership employed in the public sector in 1995, compared with 1 million in 1980. The public sector has also become an important employer of people who are in a civil partnership, with 1.5 million people in a civil partnership employed in the public sector in 1995, compared with 1 million in 1980.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) and the number of people in the public sector who are employed in the health sector has increased by 1.2 million (from 1.3 million in 1980 to 2.5 million in 1998).

There is a growing emphasis on the need to improve the efficiency of the health service and to ensure that the health service is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 2001. These initiatives have led to a number of changes in the way the health service is organised and managed, and to a number of changes in the way the health service is funded.

One of the main challenges facing the health service is the need to improve the efficiency of the service. This is a challenge that is being met by a number of initiatives, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 2001. These initiatives have led to a number of changes in the way the health service is organised and managed, and to a number of changes in the way the health service is funded.

Another challenge facing the health service is the need to ensure that the health service is able to meet the needs of the population. This is a challenge that is being met by a number of initiatives, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 2001. These initiatives have led to a number of changes in the way the health service is organised and managed, and to a number of changes in the way the health service is funded.

A third challenge facing the health service is the need to improve the quality of the service. This is a challenge that is being met by a number of initiatives, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 2001. These initiatives have led to a number of changes in the way the health service is organised and managed, and to a number of changes in the way the health service is funded.

Finally, a fourth challenge facing the health service is the need to ensure that the health service is able to meet the needs of the population. This is a challenge that is being met by a number of initiatives, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 2001. These initiatives have led to a number of changes in the way the health service is organised and managed, and to a number of changes in the way the health service is funded.

In conclusion, the health service is facing a number of challenges, including the need to improve the efficiency of the service, the need to ensure that the health service is able to meet the needs of the population, the need to improve the quality of the service, and the need to ensure that the health service is able to meet the needs of the population. These challenges are being met by a number of initiatives, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 2001.

The health service is facing a number of challenges, including the need to improve the efficiency of the service, the need to ensure that the health service is able to meet the needs of the population, the need to improve the quality of the service, and the need to ensure that the health service is able to meet the needs of the population. These challenges are being met by a number of initiatives, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 2001.

The health service is facing a number of challenges, including the need to improve the efficiency of the service, the need to ensure that the health service is able to meet the needs of the population, the need to improve the quality of the service, and the need to ensure that the health service is able to meet the needs of the population. These challenges are being met by a number of initiatives, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 2001.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.1 million (Office of National Statistics 2000). The number of people aged 65 and over is projected to increase to 7.5 million by 2020, and the number of people aged 75 and over to 4.5 million (Office of National Statistics 2000).

There is a growing awareness of the need to address the health and social care needs of the ageing population. The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'. This approach is based on the idea that ageing is a process, and that the health and social care needs of the ageing population are not fixed, but can change over time. The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'.

The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'. This approach is based on the idea that ageing is a process, and that the health and social care needs of the ageing population are not fixed, but can change over time. The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'.

The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'. This approach is based on the idea that ageing is a process, and that the health and social care needs of the ageing population are not fixed, but can change over time. The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'.

The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'. This approach is based on the idea that ageing is a process, and that the health and social care needs of the ageing population are not fixed, but can change over time. The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'.

The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'. This approach is based on the idea that ageing is a process, and that the health and social care needs of the ageing population are not fixed, but can change over time. The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'.

The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'. This approach is based on the idea that ageing is a process, and that the health and social care needs of the ageing population are not fixed, but can change over time. The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'.

The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'. This approach is based on the idea that ageing is a process, and that the health and social care needs of the ageing population are not fixed, but can change over time. The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'.

The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'. This approach is based on the idea that ageing is a process, and that the health and social care needs of the ageing population are not fixed, but can change over time. The Department of Health (2000) has identified the need to develop a new approach to the care of the ageing population, one that is based on the principles of 'active ageing'.

100%

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–2000) and is projected to increase by a further 1.5 million by 2020 (Office for National Statistics 2001). The number of people aged 65 and over who are living alone has increased from 1.1 million in 1990 to 1.5 million in 2000 (Office for National Statistics 2001). The number of people aged 65 and over who are living alone is projected to increase to 2.0 million by 2020 (Office for National Statistics 2001).

There is a growing awareness of the need to address the needs of older people living alone. The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion. The strategy should also focus on the needs of older people living alone who are at risk of physical and mental health problems.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion. The strategy should also focus on the needs of older people living alone who are at risk of physical and mental health problems.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion. The strategy should also focus on the needs of older people living alone who are at risk of physical and mental health problems.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion. The strategy should also focus on the needs of older people living alone who are at risk of physical and mental health problems.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion. The strategy should also focus on the needs of older people living alone who are at risk of physical and mental health problems.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion. The strategy should also focus on the needs of older people living alone who are at risk of physical and mental health problems.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion. The strategy should also focus on the needs of older people living alone who are at risk of physical and mental health problems.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion. The strategy should also focus on the needs of older people living alone who are at risk of physical and mental health problems.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–2000) and is projected to increase by a further 1.5 million by 2020 (Office for National Statistics 2001). The number of people aged 65 and over who are living alone has increased from 1.1 million in 1990 to 1.5 million in 2000 (Office for National Statistics 2001). The number of people aged 65 and over who are living alone is projected to increase to 2.0 million by 2020 (Office for National Statistics 2001).

There is a growing awareness of the need to address the needs of older people living alone. The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion.

The Department of Health (2000) has identified the need to develop a national strategy for older people living alone. The strategy should focus on the needs of older people living alone who are at risk of isolation and loneliness. The strategy should also focus on the needs of older people living alone who are at risk of poverty and social exclusion.

