



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC HEALTH AND SAFETY
OFFICE OF ENVIRONMENTAL HEALTH ASSESSMENT

OSHA-100 (Rev. 10-1-80)

Statement of Work Order No. 100-000000

Contract No. 100-000000
Contract Period: 10/1/80 to 9/30/81
Contract Value: \$1,000,000.00

Item No.	Description of Work	Quantity	Unit Price	Total Price
1	Site Assessment	1	\$100,000.00	\$100,000.00
2	Environmental Monitoring	1	\$100,000.00	\$100,000.00
3	Health Studies	1	\$100,000.00	\$100,000.00
4	Public Health Activities	1	\$100,000.00	\$100,000.00
5	Administrative Support	1	\$100,000.00	\$100,000.00
6	Travel Expenses	1	\$100,000.00	\$100,000.00
7	Materials and Supplies	1	\$100,000.00	\$100,000.00
8	Professional Fees	1	\$100,000.00	\$100,000.00
9	Printing and Reproduction	1	\$100,000.00	\$100,000.00
10	Telephone and Postage	1	\$100,000.00	\$100,000.00
11	Other Direct Expenses	1	\$100,000.00	\$100,000.00
12	Indirect Expenses	1	\$100,000.00	\$100,000.00
13	Contingency	1	\$100,000.00	\$100,000.00
14	Subcontracting	1	\$100,000.00	\$100,000.00
15	Unallocated	1	\$100,000.00	\$100,000.00
16	Other	1	\$100,000.00	\$100,000.00
17	Grand Total			\$1,000,000.00

Contractor's Name:

Contractor's Address:

Contractor's City: State: Zip:

Contractor's Telephone:

Contractor's Signature:

Contractor's Title:

Contractor's Date:

Contractor's Company:



UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
3-5200-107



BLM Form 100-107 (3-5200-107)

SECTION 1: GENERAL INFORMATION

1. Name of Applicant: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Telephone: _____

5. Date of Application: _____

6. Name of Land: _____

7. Section: _____ Township: _____ Range: _____

8. County: _____ State: _____

9. Acreage: _____

10. Purpose of Application: _____

11. Name of Agent: _____

12. Signature of Agent: _____

13. Title of Agent: _____

14. Name of Applicant: _____

15. Signature of Applicant: _____

16. Title of Applicant: _____

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98. Name of Applicant: _____

99. Signature of Applicant: _____

100. Title of Applicant: _____



DR. S. S. CHANDRAN, M.D., M.B.B.S., D.M., F.R.C.P. (C), F.R.C.P. (S), F.R.C.P. (G), F.R.C.P. (M), F.R.C.P. (N), F.R.C.P. (P), F.R.C.P. (S), F.R.C.P. (G), F.R.C.P. (M), F.R.C.P. (N), F.R.C.P. (P)

20-10-2011

Dr. S. S. Chandran, M.D., M.B.B.S., D.M., F.R.C.P. (C), F.R.C.P. (S), F.R.C.P. (G), F.R.C.P. (M), F.R.C.P. (N), F.R.C.P. (P)

Dr. S. S. Chandran, M.D., M.B.B.S., D.M., F.R.C.P. (C), F.R.C.P. (S), F.R.C.P. (G), F.R.C.P. (M), F.R.C.P. (N), F.R.C.P. (P)

Sl. No.	Name of the Patient	Age	Sex	Address	Referral	Diagnosis	Investigations	Remarks
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2								
3								
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Dr. S. S. Chandran, M.D., M.B.B.S., D.M., F.R.C.P. (C), F.R.C.P. (S), F.R.C.P. (G), F.R.C.P. (M), F.R.C.P. (N), F.R.C.P. (P)

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