

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Req: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SUMAN SABHARWAL, M.D.
Received Date: 20050728
Docket No: 3037001
Control No.: 314709
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$1900.00
Check No.: 9184

3. COMMENTS

Signed D. A. Hersey
Date 8-18-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 1)

1. Fee Category and Amount: See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Sept 2 (Region III)

Mail control: 314709

Company Name: Subhash C. Sabharwal, M.D.

License Number: New

Check Numbers: 9184 + / 9234

Amounts Received: \$1,900.00 / \$200.00

Fee Category: 7C

Type of fee: Application

Date Completed: 9/26/05

Completed by: Brenda Brown