



गुराँस लाइफ इन्स्योरेन्स कम्पनी लि.

फारम नं. ४४

**Gurans Life Insurance Co. Ltd.**

प्रधान कार्यालय: पोष्ट बक्स नं. १२४९९, श्री राज भवन, तिनकुले, काठमाडौं, नेपाल।  
फोन नं.: ०१-४१९९३१०, फ्याक्स नं.: ९७७-१-४१९९०६१, ईमेल: info@guranslife.com

The following medical tests are examined by me

S.No.	Table of Routine Requirement	Opinion
1.	Medical Examination by a Medical Doctor.	
2.	Resting ECG (12 Leads.)	
3.	Chest X-Ray Full PA and it's report.	
4.	Urine Test.	
5.	Complete Blood Count+ESR+HIV Test	
6.	FBS (Fasting Blood Sugar), Serium Triglycerides, Creatinine and Cholesterol, SGPT2 & Alkaline Phosphates	
7.	Treadmill ECG.	

The Life to be assured/proposer Mr./Mrs./Miss: .....is present and signed before me.

Assured/Proposer's Signature:.....

Doctor's Name:.....Doctor's Signature:.....

NMC No.: .....

The Assured/Proposer is introduced to the Dr. by

Staff/Agents Name & Agent Code No.:....., Staff/Agents Signature:.....

Office:.....

The genuinity of proposer for medical examination and it's reports are verified by me.

Staff Name:..... Staff Signature.....

Sub Branch/Branch/Region Office:.....