

Additional Information.

Are below Facilities are available at your Clinic, or around your clinic? If yes, state name and address of the clinic.

ECG CTMT 2 D-Echocardiogram Sono graphy X Ray

Do you intend to do below tests at other centers under your supervision? If yes, state name and address of the clinic.

ECG CTMT 2 D-Echocardiogram Sono graphy X Ray

* Are you on Panel of any other Insurance Company or any other Company or Institution?
If above answer is yes state the name of the company

* Is any relatives working as Agents, Sales Officers or Employees in Bajaj Allianz Life Insurance Co.?

Yes No

If above answer is yes state name and designation:

Please return the form after filling details with copies of the following documents:

- 1) MBBS Degree.
- 2) Postgraduate Degree or Registration Certificate issued by Medical councillor.
- 3) Specimen test copy mof ECG / TMT
- 4) ID Proof and Residence Proof

Signature

Date:

Place

(Pl. sign in Black ink and signature should not touch the border.)

(Affix visiting Card)

TSP Source Code :