

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 005

LIPIDOGRAM

Zone

Division

Branch

Proposal No.

Agent/D.O. Code :

Introduced by :

(name & signature)

Full Name of Life to be assured:

Age/Sex :

	Type of Test	Actual Reading
1	Total Cholesterol	
2	High Density Lipid (HDL)	
	Low Density Lipid (LDL)	
3	S. Triglycerides	

I declare that the person examined signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at _____ on the _____ day of 200_____ at _____ a.m./p.m.

Signature of the L.A.

Signature of the Pathologist

Pathologist's name & Address

Qualification:

LICI Code No: