## ANNEXURE II – 10

## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 011

## ELISA FOR HIV

ZoneDivisionBranchProposal No.Agent/D.O. Code:Introduced by: (name & signature)Full Name of Life to be assured:Age/Sex:

## **EXAMINATION OF BLOOD FOR HIV I & II TEST**

HIV I & II	:
RESULT	:

Method :

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	e L.A.		Sign	ature of the Patholog	gist
Pathologist's name	& Address	Qualification	n: LIC	I Code No:	