ANNEXURE II - 4

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:			